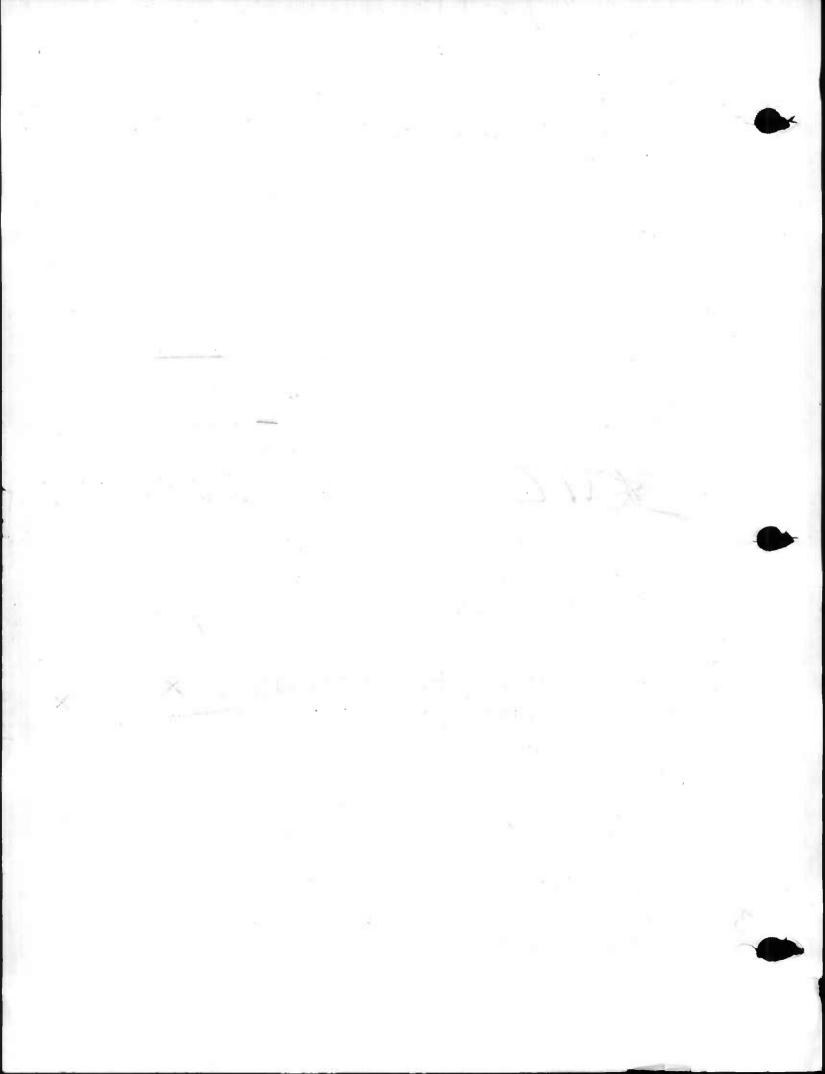
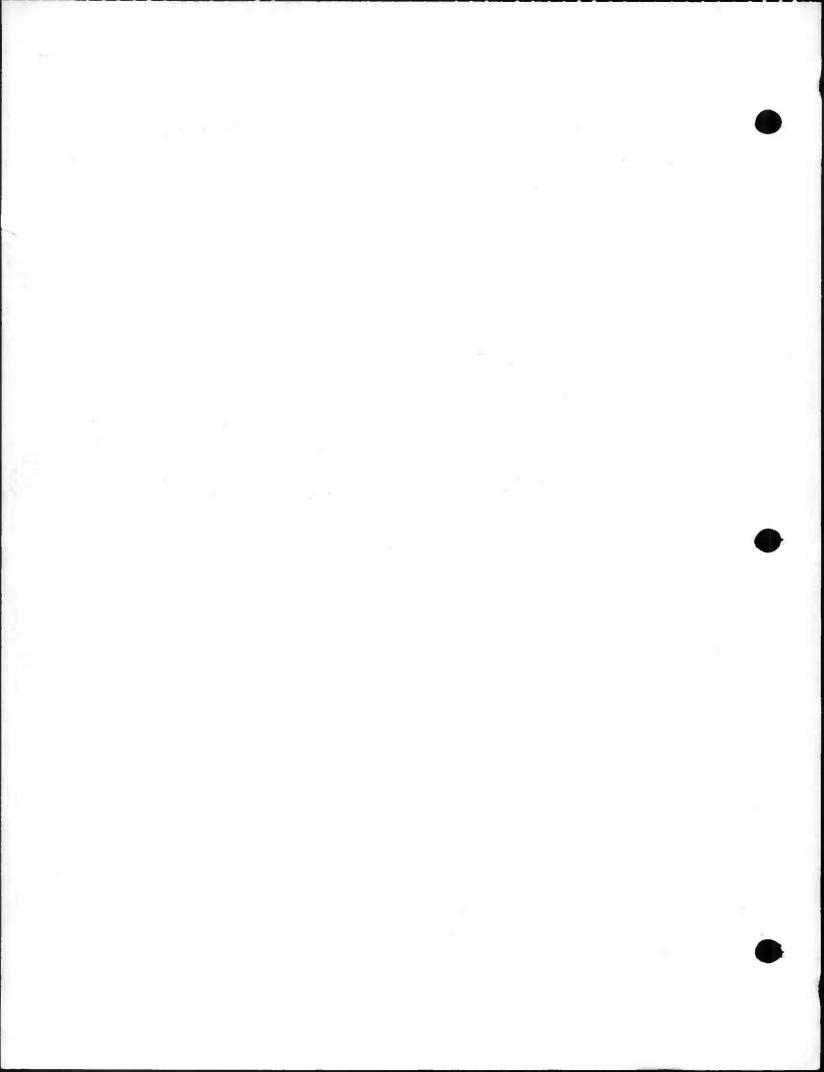
BALTIMORE, MARYLAND 21215-0020	is nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it mours after death. Page 6 may be retained by the bospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT				MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	01	DEA		2. DATE	OF DEATH			3. TIME OF DEATH
	Novis Ma	ALONA C	SOLL	rid	18.10							YEAR.	2: 010 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	R 24 HRS.	7. DATE (	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	218-01-4648 1□ M 2√F 75 VRS.				MONTHS	DAYS	HOURS	MIN.	(Month	09/19	19	Counti	ryland
	9a. FACILITY NAME (If not institution, give s				9b. CITY, T	OWN OF	R LOCATI	ON OF DE		03/ ==		NTY OF D	-
R R	Sinai Hospital				Ba	lt.in	nore	City	17				
5	RESIDENCE OF DECEDENT								У				
DIRECTOR	10e. STATE 10b. COUNTY			IOc. CIT	Y, TOWN OR	LOCATI	ON	_					10d. INSIDE CITY LIMITS?
	Maryland	Baltim	ore					Ess	ex				1 TYES 2 NO
RA	10e. STREET AND NUMBER					101.	ZIP COO	_	1 2 2 1				WHAT COUNTRY?
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B≺	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 [	] YES	2 🔯 NO	Specify	0			Speci	"White
6	15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCC	LIPATIO	N		16b.	KIND OF BUS	INESS/INI	MISTRY	1
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BEC	Edwin Pirie						Ma	rgar	et ;	Piquit	t		
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (	Street an	d Number	r or Rural R	Route Numb	er, City or Town	n, State, Zij	Code)	
	Harry F. Schriv			306 S	ilver	Ave	enue	Mi	Es	sex, M	ID 2	1221	
	20g. METHOD OF DISPOSITION 1 LABuriel 2 Cremation 3 Rem	oval from State			OF DISPOSITI	ION (Nam	ne of	_ 94	OATE	20c. LO	CATION —	City or To	own, State
	Oak Lawn Cemetery 01/10/95   Baltimore, MD									MD			
	21. SIGNATURE OF FEMERAL SERVICE LIC	ENSES			22. NA	ME AND	ADDRE	ss of fac	nera	1 Home	of	Dund	alk, Inc.
2	THE M	1								Dundal			21222
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1	disesse or condition resulting in dasth)	. Jeas	17. 1	4556	LAAL	10-	ted	). IL	Atm	17770	Mak	Con	ol lune
	DUE TO (OR AS A CONSCOUENCE OF):												
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	that initieted events resulting in death) LAST	DOE 10	OH AS A CONSE	DUENCE O	7):	0							
		d					-						
A A	PART ii. Other significant condition	_				arlying	cause	given in F	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
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MEDICA													1 YES 2 NO
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S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF O	EATH (Che	ick only one	0)			
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	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — Al ho etc. (Specify)	me, sem,	Rivet, Jactory	/, Office			City o	TION (Street a w Town, State)	ind Number	or Rural F	loute Number,
	29e. CERTIFIER												
COMPLET	(Check only CERTIFYING PHYSI												
8	2 MEDICAL EXAMINE		unination end/or	investigatio	m, in my opir	nion, de	occur	red at the I	lime, date	end place, end	d due lo It	re cause(s	) end menner as stated.
8 8	29b. SIGNATURE AND TITLE OF CERTIFIEF	8 8					29c. LICE	ENSE NUM	BER		29d. DAT	E SIONED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF OFATH WAS	M OD /S	El-land)	_	77	100	UX			10	75
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	31. DATE FILEO (Month, Day, Year)	34. REGISTA	R'S SIGNATURE	MOL	1 160	A)	TTO		nau	T, V	ЛП	4	1219
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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last)  JANET P	SIMON			_	· ·		2. DATE OF DEATH MONTH JANUARY	, 199	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		GE (In yrs. last		IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)			CE (State or Foreign
pinc		219-52-3680  9e. FACILITY NAME (If not institution, give :	1 M 2 XF		YAS.		WN OR LOCAT		April 26 1			/land
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1. 2.	5	RESIDENCE OF DECEDENT						CITT		L		
Page	DIRECTOR	10e. STATE 10b. COUNT	Y			Y, TOWN OR L					0.00	I. INSIDE CITY LIMITS?
emit		Maryland 100. STREET AND NUMBER			Ŀ	<u>altimo</u>	101. ZIP COL	Œ		10g, CITIZE		YES 2 NO
n. ansit p	FUNERAL	3308 Barrington I	Road				21:	215		U	ISA	
hours after death. Page 6 may be retained by the hospital or attending physician.  ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal.  medical examiner must be notified at once.	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR OF	ES 2 NO	ED)	If ye	DECENDENT	OF HISPANI en, Mexicen	C ORIGIN? (Specify Yee , Puerto Rican, atc.)		4. RACE — / Black, Wh Specify:	
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for us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. (	Do NOT us			ing				
the hospital or detached for once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	o1.1.ege 5+	Sch	001.	Teahce			Baltimo		ty Sc	hool.
by the	1 1	Alfred N. Powell							NE (First, Middle, Maiden	Sumeme)		
5 should in notified	BE	19e, INFORMANT'S NAME (Type/Print)		19b,	MAILING	AOORESS (St			ne Finney oute Number, City or Town	n, State, Zip C	(ode)	
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e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	oval from Stata	20b. PLACE AN		of DISPOSITIO	N (Name of	7.	Jan 20c. LO	CATION - CI	ty or Town,	State
direct		4 Danetion 5 Other (SpecifyEnt	commonent 1			moria1	Park	ESS OF FAC	14 Balt	imore	Cour	ity, MD
ter death. Page 6 m the funeral director, wal.		> say L.	Kolluni			Balt	imore	, Mar	Nutter 11s Parkwa yland 212	16		mes. Inc
d in by the or removal		23. PART i. Enter the diseases, or shock, or heart fellure.	complications that cause or	eed the dea n eech line.	th. Do r	ot enter the	mode of dy	ing, auch	aa cardiac or reepi	ratory arre	at,	Approximata interval Batween
the the		iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Cour	n		ie 1	nes.	NTE	· aci(uc	re		Onset and Death
executed within and complete to burial, cremmatic event,	_		MPF	TU > +	D +	J, (	hiro	est	CANP	0 4		440111
S of ag	SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEOL					(		1	1,01
th certification of other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE OF):									
the deat y the atta d Mental injury,	1 1	PART if. Other significant condition	ns contributing to death	h but not re	suiting i	n the under	iying cause	given in F	Part i. 24a, WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
that the sed by the sed by the and it	ICA		ilune,						PERFOR  1   YES 2		COR	ILABLE PRIOR TO MPLETION OF CAUSE
w requires that been signed pt. of Health and shows any	MEDICAL	+ ailure,	14y du	Ne	11/1	oxis						DEATH?
has bee Dept. o		DID TOBACCO USE CONT	RIBUTE TO CAUSE					CERTAIN				
SICIAN: The las certificate has the State Dept. the State Dept. or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_		H (Check only  OTHER:						
SICIAN certificant the S	PHYS	1 YES 2 PAIO  27. MANNER OF OEATH	1 Dipertient 2 ER/O	ry I	28b. TIM		Home 5 R		28d. OESCRIBE HOW IN	JURY OCCU	RED	
NG PHYS frer this ceath with marked	ВУ Р	1 Actural 5 Pending Investigation	(Month, Day, Yea	r)	INJ	URY	WORK?					
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FLINE. CHIRCAGE After this certificate has been signed by be filed with 72 per size, death with the State Dept. of Health an IMPORTANCE INTO THE STATE BY MATCHED, OF HEM 23 Shows any	) eo	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJU building, etc. (S	IRY — At hom pecify)	e, term, s	treet, lectory,	office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
TAL OR	MPL		ICIAN: To the best of my kn									-101
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TO THE HO TO THE FU be filed with	TO BE	30. NAME AND ADDRESS OF PERSON WH	Vela	N.7	7.1	Dh.D	) /	U (	904	P .	· G · (	nth, Day, Year)
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Unitable. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attention or removal.

The first of its marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. PHYSTERIOING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

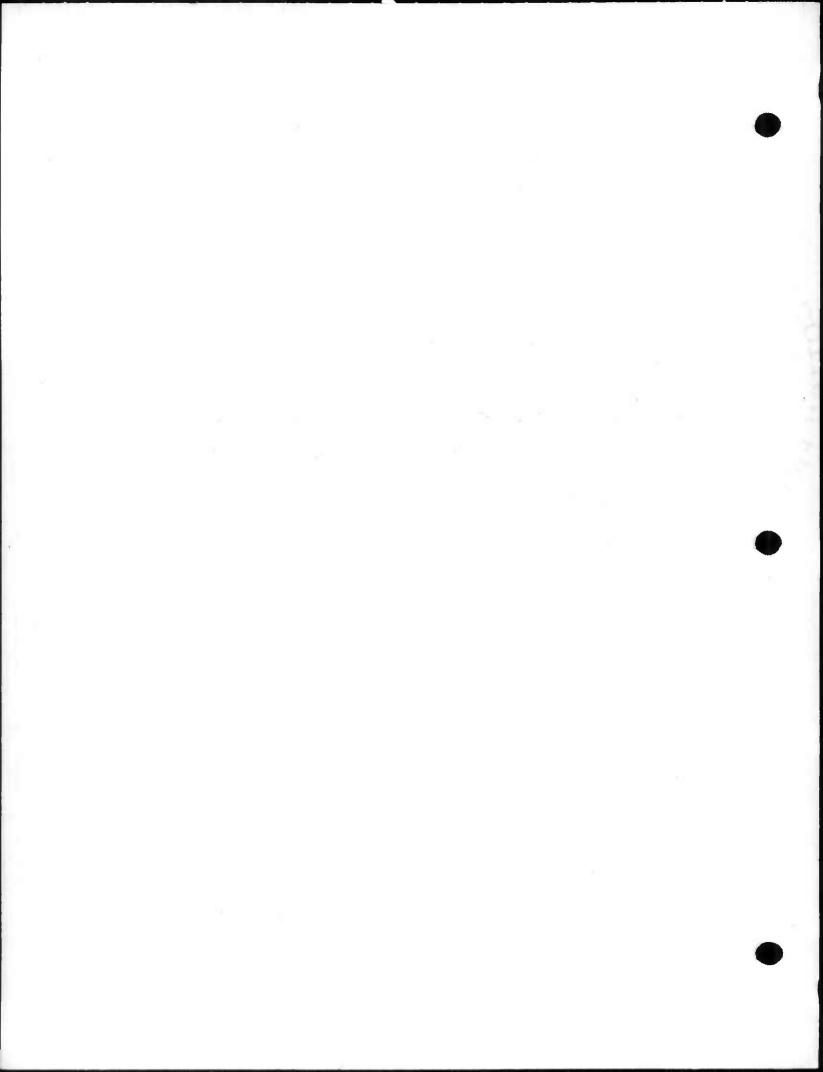
	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE					. DATE OF DEATN 3. TIME OF DEA		
	MONTE E.	SH.	HOMAKER			JANUA	DV Q	.1995		Dм	
	4. SOCIAL SECURITY NUMBER 5. SE		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			BIRTNPLACE (State or		
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	9e. FACILITY NAME (If not inetitution, give street en	od aumber)	01	OF CITY TOWN O	OR LOCATION OF DE		-193		ISSØURI		
œ		,		98. CITY, TOWN C	IN LOCATION OF DE	ATN		9c. COUNTY	OF DEATN		
2	THE JOHNS HOPKINS HOSPITAL BALTIMORF CITY RESIDENCE OF DECEMENT										
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION				10d. INSIDE CI	TV	
<u>۾</u>	PENNSYLVANIA CUM	BERLAND		RLISLE					LIMITS?		
	10e. STREET AND NUMBER	DEREINVE	021						1 TES 2		
RA	1000 DRAYER COUR	m		101.	. ZIP CODE 17013				OF WHAT COUNTRY	'	
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교		WAS DECEOENT EVER IF ORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (	Specify Yes o	r No — 14.	RACE — American In Black, White, atc.	dlan,	
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BE	MONTE E. SHOMAKE	R SR.			DORO	LHA b	1 ERO	V			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	nd Number or Rural I	Route Number,	City or Town,	State, Zip Cod	•)		
-	HOFFMAN-ROTH F.	HOME	219	NORTH	HANOVEI	RSTR	EET (	CARLI	SLE, PA	1701	
	20e. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal for	20b	PLACE AND DATE O	F DISPOSITION (Na	ma of	OATE		TION — City	or Town, State		
	4 Donation 5 Other (Specify)	Y Y	ÖRKTÖWN	ECREM	ATION	1/95	YO	RK, PA	•		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY	0 6	20110	20		
	Nallean C	ParinT	11		Y W. JI						
	23. PART I. Enter the diseases, or compil	lestless that saves	d the death De e	4905	YURK	KD - B	ALTO	.,MD.	21212.		
	ehock, or haart fallura. List or	nly ona ceusa on e	ach Ilna.	ot entar tha mor	ue or aying, suci	n as cardisc	or respira	tory arreat,		nate Between	
ľ	IMMEDIATE CAUSE (Final disease or condition										
- 1	resulting in death)  a. Interstital lung disease  but to (or as a conscouence or):  but to (or as a conscouence or):										
Ì	DUE TO (OR AS A CONSEQUENCE OF):										
Z	s. Interstitial lung disease  DUE TO (OR AS A CONSEQUENCE OF):  B. CREST Syndrome  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
Ĕ	If eny, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	):					0		
2 ∥	cause. Entar UNDERLYING CAUSE (Disease or Injury										
별	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):							
CERTIFICATION	d.										
	PART II. Other algnificant conditions con	tributing to death b	ut not resulting in	the underlying	cause given in	Part I 24	le. WAS AN AI	TTOREY	OAL MEDE ALTRODON	5000000	
EDICAL	^		at motive during in	· the bhothymy	cause givair iii	7 011 1. 24	PERFORM		24b. WERE AUTOPSY AVAILABLE PRIO	R TO	
ā	Pulmonary en	aevvig				1	YES 2	NO	OF DEATH?	CAUSE	
Σ	Atrial ofib	cillation				_			1 🗆 YES 2	NO	
ż	DID TOBACCO USE CONTRIBUT	TE TO CAUSE O	F DEATH YES	S INO X	UNCERTAIN	4 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PPITAL:	28. PLACE OF DEATH								
Š		Inpetient 2 - ER/Outp		OTHER: 4  Nursing Home	5 Residence	6 Other (S	pecify)				
三		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU		28d. DEŞCR	IBE NOW INJ	URY OCCURE	0		
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, roar)	1.00		ES 2 NO					- 1	
	Z DECIGENT	260. PLACE OF INJURY	- At home, ferm, at	reet, fectory, office		28f. LOCATIO	ON (Street en	1 Number or Ro	ural Route Number,		
Ē	4 Homicide determined	building, etc. (Spec	эпу)		- 1	City or 1	own, State)				
COMPLETED	290. CERTIFIER CERTIFYING PHYSICIAN: T	In the heat of my to	lades don't	4 -4 45 - 41 - 4	10 5 2 2 2 2						
Ā	(Check only one)  2 MEDICAL EXAMINER: On to										
			STANGE HERBERGERION	, an any opinion, de			u prece, end	gue to the ceu	use(s) end menner es	stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ma			29c. LICENSE NUM	BER M	( 100		NEO (Month, Day, Year	-	
2	Allow / whento	MD			J.H.H. ID	NO. 111	CLOIN	JAN	J 8, 19	95	
	30. NAME AND AODRESS OF PERSON WHO COM	~	_								
	STUHRTE. SHE		, MD -	- Towe	v 110 -	Juhr	15 Hos	PHLMS	Hosp		
	31. DATE FILEO (Month, Day, Year)	2. REGISTRAR'S SIGN	ATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

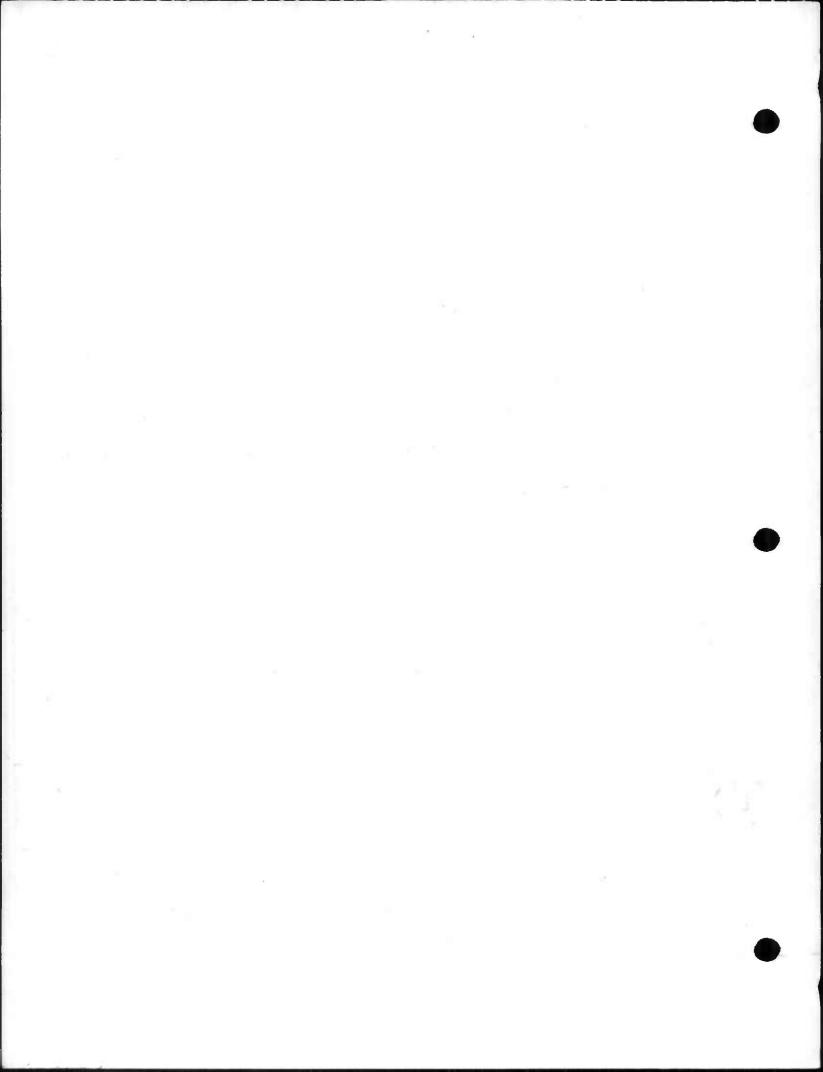
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las CRUIKSHANK	()	-	STU	ART	2. DATE OF DEATH DO	AV YEAR 8 95	3. TIME OF DEATH 8:58 PM	
	4. SOCIAL SECURITY NUMBER 221-18-2996	XX M 2 □ F 8	37 yrs.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 09-28-0	8. BIR Cou	THPLACE (State or Foreign ntry) ARYLAND	
CTOR	99. FACILITY NAME (# not Institution, give 413 BRETTON PI RESIDENCE OF DECEDENT				OR LOCATION OF DE		9c. COUNTY OF	DEATH	
DIRE	MARYLAND 10b. COUN	TY	1200	OWN OR LOCAT	ORE CIT	Y		10d. INSIDE CITY LIMITS? XXX YES 2 NO	
NERAL	100. STREET AND NUMBER 413 BRETTON	PLACE			2121		U.	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  Xi Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? XX YES IF YES, GIVE WAR OR D WORLD WA	2 NO	If yes, sp	ENDENT OF HISPAN ocity Cuban, Mexicar X X NO Specify.		Bla Spi	CE — American Indian, ick, While, etc.	
PLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)  5 PLUS	16e. DECEDENT'S US (Give kind of worn life. Do NOT use n ENGIN	k done during mo stired.)	DN st of working		ONT CO	MPANY	
BE COMPL		IT. FATHER'S NAME (First, Middle, Lest) JULIUS WALKER STUART			16. MOTHER'S NAME (First, Middle, Melden Surreme) GELERT CRUIKSHANK				
5	190. INFORMANT'S NAME (Type/Print)  JOHN P. HULL  200. METHOD OF DISPOSITION	(ATTORNEY)	343 N	ORTH	CHARLES	ST., BAL	TO.,MD		
	ALL Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	moval from State car	DEPLOCE AND DATE OF 1	METER		1-13 ELK	TON, MA		
	23. PART i. Enter the diseases, of	uti		4905	YORK R	. JENKIN OAD,BALT	IMORE,	SONS MD.21212	
event, me medical	shock, or heert failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. ATT TOO CO OR AS A	ach iine.			· ·		Approximata interval Between Onset and Death	
AL CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С,	A CONSEQUENCE OF):						
. 75 1	PART II. Other algnificant condition	one contributing to deeth b	out not resulting in t	he underlying	cause given in F	Part I. 24s. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
z	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	Check only one)	UNCERTAIN	1	ency		
рну	1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Ouip  28e. OATE OF INJURY (Month, Day, Year)		F 28c. INJI	URY AT RK?	Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a PLACE OF IN HIPV	— At home, ferm, atre			281. LOCATION (Street a City or Town, State)	and Number or Runi	Route Number,	
		SICIAN: To the best of my know IER: On the beele of axamination						(e) end manner ee stated.	
TO BE	296. NO ATURE AND TITLE OF CERTIFI  30, NAME AND ADDRESS OF PERSON W	Yhule	ATH (ITEM 27) (Type Pri	met.	O . C . M			9,1995	
	MACYPEAN N. 31. DATE FILEO (Month, Dey, Year)  JAN 1 1 1995	KORJU LM 32. REGISTRAR'S SIGN.	111 Pe		reet, Ba	altimore	, Maryl	and 21201	



farked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		F. SIARKOV	WSKI			2	1 DATE OF GEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-05-6663	March Day March						21	BIRTHPLACE (State or Foreign Country)  Maryland	
LOR	96. FACILITY NAME (If not institution, give street end number) 2810 6TH. STREET  96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE									
DIRECTOR		106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 2 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	TREET			101. ZIP CODI 2121	9		10g. CITIZEN OF WHAT COUNTRY? USA		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? TYPY YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify It yes, specify Cuben, Mexican, Puerto Rican, atc.) 1  YES 2 YONO Specify:				Yee or No. 14. RACE — American Indian, Black, White, etc.  Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 YEARS	JCATION e completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of v life. Do NOT us WELDER	work done durli	PATION ng most of workin	ng	POWER			
BE CON	17. FATHER'S NAME (First, Middle, Lest) PETER SIARKO	WSKI			18. MOTI FR	ANCES	(First, Middle, Melden, SSIERA	Symame)		
TO B	190. INFORMANT'S NAME (Type/Print) MR. HENRY SIAR	KOWSKI	19b. MAILING 3201	ADDRESS (SE HARWE	Teet and Number	or Aural Aou ENUE	BALTO.	MD. 2	21213	
	20s. METHOD OF DISPOSITION PE Buriel 2 Cremetton 3 Removal trom State 4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Campetery Cremetton)  20b. PLACE AND DATE OF DISPOSITION (Name of Campetery Cremetton)  20c. LOCATION — City or Town, State  4 Donatton 5 Other (Specify)  BALTO. CO. MD.									
	HAVE RETURNED TO FUNERAL SERVICE LI	Caund	ei	XAC 120	ZOROW DUN	SKI DALK	FUNERAL AVENUE	HOME BALTO	D. MD. 22	
	23. PART I. Enter the disease, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Chro	nie E	Histra			Euroney		interval Between	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					ly	
MEDICAL	PART II. Other significent condition  Suspential 10.  DID TORACCO LISE CONT.	cultiple my	jelome	<u>د</u>			PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT			ERTAIN				
PHYS	1 YES 2 NO	1 Inpatient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	4 - Nursing	Home 5 LANG : INJURY AT WORK?		Other (Specify)  8d. DESCRIBE HOW IN	JURY OCCUR	EO	
B	1	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, ε		YES 2		81. LOCATION (Street e City or Town, State)	nd Number or F	Rural Route Number,	
COMPLETED		ICIAN: To the best of my knowl							use(e) end menner se stated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIE	x ale	m	ر ر	29c. LICE	3053	ER S	29d. DATE SI	GNE® (Monty, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WH Alan N. Sch	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	Polis	1 RA	P. Fall	6 m	b 2/2/9	
	31. DATE FILED (Month, Dey. Year)	32. REGISTRAR'S SIGN		,			· · · · · · · · · · · · · · · · · · ·			



3. TIME OF DEATN

1 TYES 2 NO

States

, Maryland

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

Interval Between

**Onset and Death** 

WHAT COUNTRY?

a RIPTHPLACE (State or Foreign

9c. COUNTY OF DEATH

14. RACE -Bleck.

20c. LOCATION - City or

Baltimore

1 YES 2 NO

7.40 AM

2. DATE OF DEATH MONTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296 SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

lealith

1995

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Sander Revell

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71	THE DRANGENORMS PHYSICIAN: The law requires that the death certificate be executed within	and the this certificate has been sinned by the attention physician and completely filled in ty
<b>8.0</b>	100	- 69

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Ine >1 Pl Tamany 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH (Month, Pay, Yaper)
02/02/1924 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS 7-16-312 YRS page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH BY FUNERAL DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland Woodlawn 10e STREET AND NUMBER 10f. ZIP CODE Berlee 21244 ter death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 70 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Ric 1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BE COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 166. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) Supermarket ashier 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Mickella Hafer George notified at 19s. INFORMANT'S NAME (Type/Print) 2 Drasa lee Court, Woodlawn, Maryland 21244 be 20s\_METNOD OF DISPOSITION
1 DyBuriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must n by the funeral director, removal. 110 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd., Arbutus, MD 21227 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final cremation, the disesse or condition IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY ertens, 1 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State HOSPITAL: 1 YES 2 JUNO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DEȘCRIBE NOW INJURY OCCURED with 1 Natural 5 Pending investigs 1 YES 2 NO BY death 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide BE COMPLETED 6 Could not be muns after 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner es stated.

29c. LICENSE NUMBER

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

funeral director, page 5 should be

ed in by the for or removal.

attending physician and completely fille mal Hygiene prior to burial, cremation,

Mental Hygiene

Health and Men

this certificate has been

Dept.

State

the

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death

FUNERAL DIRECTOR: After within 72 hours after death

31. DATE FILED (Month, Day, Year)

1995

filled in by

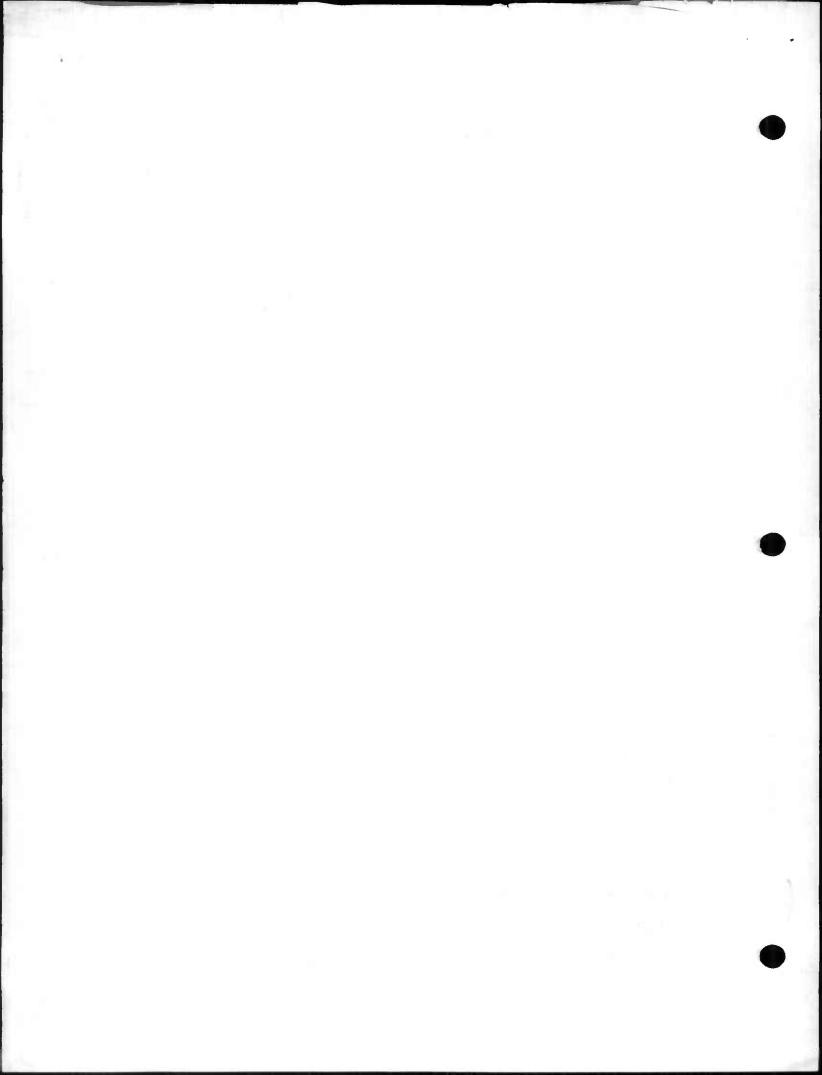
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Schwartz Florence 2:00 JAnyar 1995 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig Country) 222 4776 1 M 2 X F DAYS. HOURS 101 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pikesville Nursing Home Pikesville Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Baltimore City Maryland Baltimore 1 X YES 2 NO 10e. STREET AND HUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6606 Eberle Drive 203 Apt 21215 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pr 1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES BY Specify: White 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/IHDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Henry notified at Bul1 Mary E. 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mrs. Gladys Latch Apt. 203 6610 Eberle Drive Baltimore, MD 21215 9 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Druid Ridge Cemetery 4 Donation 5 Other (Specify) Pikesville, Maryland EL SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 102 8728 Liberty Road Randallstown, MD 21133 traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) Throm bos is sulde erebral CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO** shows any COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Hursing Home 5 Residence 6 Other (Specify) 0 27. MAHHER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? 28b. TIME OF INJURY marked, 28d, DESCRIBE HOW INJURY OCCURED 1 🔀 Hatural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATIOH (Street end Number or Rural Route Number, City or Town, State) 99 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 28 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as stated. TO THE HOSPITAL (TO THE FUNERAL DE FILED WITHIN 72 HOURS IMPORTANT: If IN 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Month, Day, Year) faid 6 58 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760

be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
PURCH P. T. DONNE I THINK MICH AN AR	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	TICALE	OF DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last) Melba Catherine Sut	ton		2. DATE OF DEATH	h. 0	3. TIME OF DEATH 428 D M			
	4. SOCIAL SECURITY NUMBER  3. Sex  1  M 2   First  8. AGE (In yrs. leat birthday)  YRS.		AR IF UNDER 24 HRS. NYS HOURS MIN.	7. DATE OF BIRTH (Nogth; Day, Your)	7. DATE OF BIRTH 1908 BIRTHPLACE (Str. (Neight) Day, Your) Maryland				
FOR	Sinai Hospital	96. CITY, TO	Baltimore			9c. COUNTY OF DEATH N/A			
DIRECTOR		TY, TOWN OR L	OCATION			10d. INSIDE CITY			
	MD Battimore	3al-	timore	2		1 TYES 2 X NO			
FUNERAL	6811 Campfield Rd		101. ZIP CODE	7		S.A.			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Middwed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If ye	DECENDENT OF HISPAN a, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	e or No—	14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S EDUCATION 18e. DECEDENT'S (Specify only highest grade completed) (Give kind of	S USUAL OCCU	PATION og most af working	16b. KIND OF BU	SINESS/INC	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	use retired.)	g most or working	Melenh	ana (	Jamaanus			
OME	12th Grade Clerk  17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	ME (First, Middle, Maider		Company			
BE C	Jacob Unknown Boritz			et Unknown					
5	Mathias Herman Kruelle 19b. Mallin 8317	g ADDRESS (St Ridgele	reet end Number or Rural F ey Oak Aver	nue, Balti	more,	Maryland 21234			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)			1.		City or Town, State Ce, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Johr	C. Miller	, Inc.					
H	23. PART I. Enter the diseases, or complications that caused the deeth. Do	not enter the	Belair Ro	bad, Balti	more,	Maryland 21206			
	shock, or heart fellure. List only one cause on each line.	diti	C			Interval Between Onset and Death			
	resulting in death)  s. Endocard  Due to (or as a consequence of		2			Days			
NO	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Weeks								
CAT	couse. Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initieted events resulting in death) LAST  d.	)F):							
	PART II. Other eignificent conditions contributing to deeth but not resulting	In the under	lying ceuse given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL	Kheumatola Arthri	175		1 YES		COMPLETION OF CAUSE OF DEATH?			
	DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH V	rc 🗆 No	LINICEDTAIN			1 D YES 2 NO			
PHYSICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH Y 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH 26. PLACE OF DEATH 27. PLACE OF DEATH 28. PLACE			<u>и П</u> ]					
Sic	EXAMINER?  1 YES 2 NO	OTHER:	Home 5 Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY (Month, Day, Year)  28b. Till (Month, Day, Year)	JURY	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	atreel, factory,	office	281. LOCATION (Street City or Town, State		r or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation.								
BE CO	Do. SUGNATURE AND TITLE OF CERTIFIER	On, in my opinio	29c. LICENSE NUI	Ilme, date end place, el		E SIGNED (Month, Dat, Year)			
5	29. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type)	e, Print)	7 EMO	1835	PC.	21/04/95			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	1 H	ATIYEC		-				
	JAN 1 1 1995 32. REGISTRAR'S SIGNATURE								

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THE PHYSICIAN. The aw inquires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

The property of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should marked, or the state of the principle prior to burial, cremation, or removal.

The principle of the principle BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSP IN ON ATTEMN TO THE FUNE IN T

	1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF I		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH	
		Carlyn Mildred Thaler				Janu		19	995	7:50 Pm	
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	0.	BIRTHPL Country)	ACE (State or Foreign	
	220-12-7223  9e. FACILITY NAME (If not institution, give s	1 M 2 X F	69 YRS		OR LOCATION OF E		ember 3,		Mary	land	
DIRECTOR	The Good Samarita		nter		timore	DEATH		9c. COUNT	Y OF DEA	тн	
E.	10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWN OR LOCA					10	Od. INSIDE CITY	
	Maryland			Baltimor						X YES 2 NO	
FUNERAL	1340 Cedarcroft	t Doad		10	1. ZIP CODE 21239					AT COUNTRY?	
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DE	CENDENT OF HISPA	ANIC ORIGI	N? (Specify Yee			States -American Indian,	
	1 Never Married 2 X Merried	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexic	an, Puerto			Black, V Specify:	Yhite, etc.	
р ву	3 Widowed 4 Divorced								орчину.	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind	T'S USUAL OCCUPATI of work done during m T use retired.)	ON ost of working	16è	. KIND OF BUS	INESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		es Clerk			Peta	il Cl	nthi	na	
Ŏ.	17. FATHER'S NAME (First, Middle, Last)		Jar	S OTCI K	16. MOTHER'S N	AME (First,			CITT	iig	
BE C	Carl W. Sch	nmidt			Ma	rgare	t Schu	ppner			
2	19e. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Street	and Number or Rural	Route Num	ber, City or Town	, Stete, Zip Co			
	Mr. Joseph M.					7				and 21239	
	20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Ram  4 Donation 6 Other (Specify)			reof disposition (N. Prother place) Redeemer Cer		1		CATION — CIT			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Mark T	7avovn	22. NAME A	ND ADDRESS OF F	1/9/95 ACILITY	Ва	Itimor	e, M	Maryland	
	Mark T. 7	auryon	Zavoyii	Leo	nard J.						
	23. PART I. Enter the diseases, or o	11	the death D	530:	5 Harfor	d Roa	id Bal	timor	e, Ma		
	shock, or haart failure. iMMEDIATE CAUSE (Final	List only ons cause on a	sch lina.	o not untar the m	oa or cynig, ac	CII SS CAI	urac or respi	otory arres	ι,	Approximata Interval Between Onset and Daath	
	disesse or condition resulting in death)	mple	diema						_		
	resulting in dauti)	DUE TO (OR AS A	OF):			3415					
N	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
Ă	if any, issding to immediata cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE	OF):							
	CAUSE (Disesse or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other significant condition	s contributing to death b	ut not resultin	o in the underlyin	a cause given in	Part I	24s. WAS AN	Allmoney	I ask we	ERE AUTOPSY FINDINGS	
CAL				y in the underlyin	g cacee given in	rent t.	PERFOR	MED?	AM	ALABLE PRIOR TO DMPLETION DF CAUSE	
MEDIC						_	1   YES 2	NO	OF	OEATH?	
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH	YES NO Z	UNCERTAI	N D			''	YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	EATH (Check only one)							
YSI	1 TES 2 M NO	1 Inpatient 2 ER/Outp	etlent 3 DOA	OTHER:	e 5 🗆 Residence	6 🗆 Othe	r (Specify)				
F	27. MANNER OF OEATH  1 Natural 5 Pending	(Month, Day, Year)			RK?	28d. OES	CRIBE HOW I	HURY OCCUP	RED		
3 Suicitée 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify)  29e. CERTIFIER 1 / A CERTIFIER PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify)									2 12		
								na Number or	Hurai Hout	e Number,	
8		R: On the beels of exemination							ause(e) er	nd menner ee stated,	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LIÇENSE NU			_		orith, Day, Year)	
TO BE	Ullvily	a fugh	Dry		015	546	, [	•	1-10	0-95	
-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (7)	rpe, Print)		-				, , , , , , , , , , , , , , , , , , ,	
	31. DATE FILED (Month, Day Year)	1 -32. EGISTRAR'S	ATURE!								
	JAN 11 1995	alla do autoriar Nas	Stall,								

DIVISION OF TAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OF ATTEMENT PHYSICAL The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending obysician.
TO THE FUNERAL DIFFERIOR TO THE AND SECOND TO THE ALL DIFFERIOR OF THE AUTOMATIC AND THE FUNERAL DIFFERIOR OF THE PROPERTY AND THE FUNERAL DIFFERIOR OF THE PROPERTY OF THE PR
be filed within 72 hours after death the flate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIRECTOR

FUNERAL

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CERTIFICATION

PHYSICIAN: MEDICAL

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31. DATE FILED /A

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR 9:36 P H NATHAN TURETT LANUARY 10,1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign DAYS HOURS t 🕟 M 2 🗌 F YRS 089-07-5350 80 JUNE 9, 1914 NEW YORK 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE TOWSON 1 YES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 101 E VERSAILLES CIRCLE 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 X NO Specify: Specify. 3 Widowed 4 Divorced WW II WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 PRINTER PRINTING 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Abraham ABRAHHM TURETZKY SUTIN ANNA 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) STEVE TURETT 4415 LANGTRY DR. GLEN ARM, MD. 21057 20a. METHOD OF DISPOSITION
1 □ Burlel 2 ※ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE HILLTOP SERVICE CORP. 4 Donation 5 Other (Specify) TOWSON, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN E. DOLAN RUCK TOWSON FUNERAL HOME INC. ۰ 10 1050 YORK ROAD TOWSON, MD. 21204 23, PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heert fellure. List only ne cause on each line. Interval Retween IMMEDIATE CAUSE (Finei Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other aignificent conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 -10 DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1-TES 2 NO ent 2 ER/Outpatient DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER QE DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTISHING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) nnelleer 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MNE

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DIVISION OF VITAL RECORDS, P.O. B(

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? Jurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, the filled within 72 hours after death with the State Dent. of Health and Merrial Horiene prior to burial, cremation or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED

Natural
2 Accident

3 Suicide

4 Homicide

should

		9	5 00511						
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	AL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST TAYLOR 2. DAT MON	E OF DEATH	3. TIME OF DEATH						
	213-09-7276 10 M 2 - F 87 YRS. MONTHS DAYS HOURS MIN. (MOI	9-23-1907	BIRTHPLACE (State or Foreign Country)						
DIRECTOR	ALICE MANOR NURSING HOME BALTIMORE, HA	BELL AND BEL COUNTY	OF DEATH						
	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION LARLE LARLE 10e. STREET AND NUMBER	CHAND	10d. INSIDE CITY LIMITS?  1 YES 2 \( \text{\ti}\text{\texi{\text{\texi{\text{\tin}\titt{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texit{\texit{\texi{\texi{\text{\texi{\ti}\text{\texit{\text{\texi{\texi{\texi{\texi{\texi{\texi{\						
FUNERAL	2095 ROCKROSE AUENUE 21217	U.							
В	11. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMED 1. Never Married 2  Married 3  Wildowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1  YES 2 NO  If yes, specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RA 15. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. PARITAL STATUS 17. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 18. WAS DECEDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  CHAUFER  (Give kind of work done during most of working life. Do NOT use retired.)	AUTO MOTIVE	TRANSPORT						
BE CO		Middle, Malden Surname)							
2	BURT GREEN WOOD, JR. 190. MAILING ADDRESS (Street and Number or Rural Route Num 190. MAILING ADDRESS (Street and Number or Rural Route Num 190. W. NORTH AVE BA	nber, City or Town, State, Zip Co	00) PRY LAND 2/2/7						
	20s. METHOD OF DISPOSITION 1 A Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)	BALTIL	ORE, MARYLAND						
	1/ Duceuw 1206 W. NO ETH ANEAUS								
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cerebook, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):	rdisc or respiratory errest	Approximata interval Between Onset and Death						
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 70	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
ME			1 TES 2. ND						

			Dat Hot	resenting	141 (110	underlyin	g couse	given	in Part I.
 		 		_					

25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO

28. PLACE OF DEATH (Check only one)

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 5 Pending Investigation

5 - Residence 8 - Other (Specify) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29c. LICENSE NUMBER

М 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

23076 3730 Falls Rd. Báltimore, MD

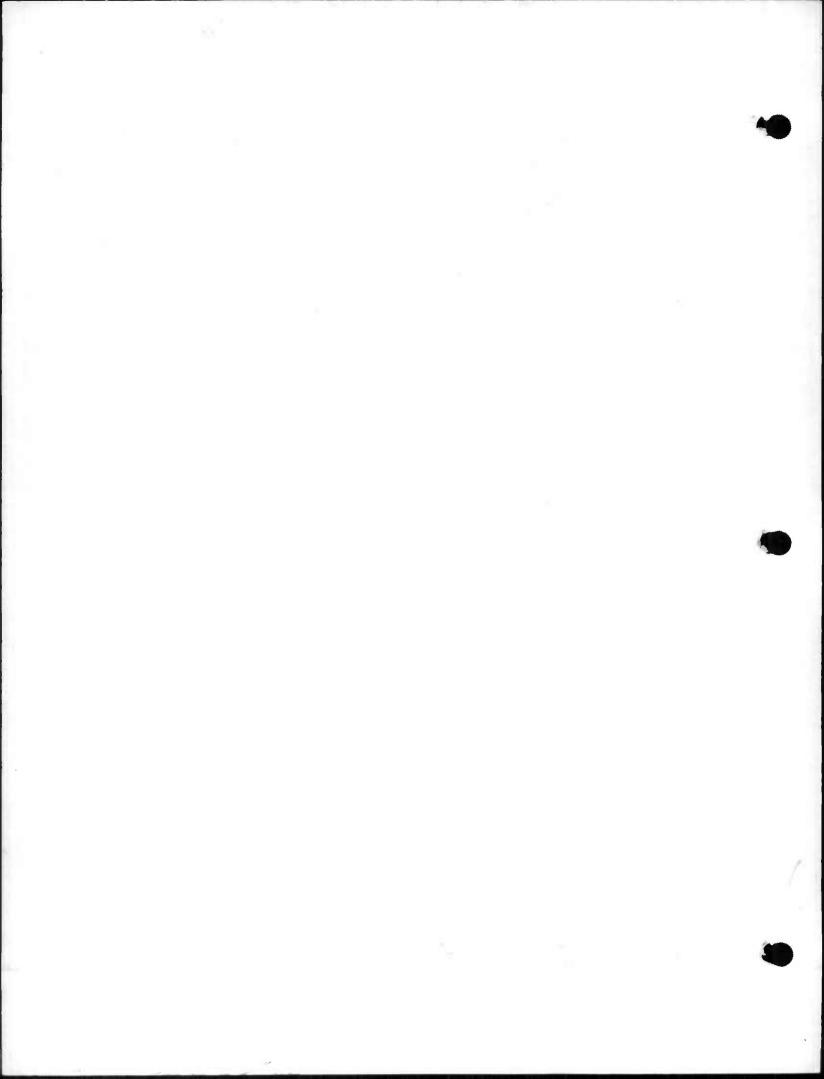
29d. DATE SIONED (Month, Day, Year) 9/95

Diamond Richard

8 Could not be determined

1995

22 REGISTRAR'S SIGNATURE



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed with

use as the bunal-transit permit. Pages 1, 2, 3 should for be detached te notified pe must director. examiner funeral in by the medical 0 filled cremation, traumatic event, the completely burial, and prior to the death certificate be other t Hygiene the attending 0 signed by the any of Health Shows TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNEPAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is

JAN 1

Item# 17.G-film 719 per F.H 1/11/95 P.C FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF GEATH Jan 9, 1995 **PIETRO** TRIMBOLI 7:05 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Jan 25, 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 🔯 M 2 🗌 F 212-30-8799 1923 Italy 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 2030 Red River Rd. Eldersburg Carroll County 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Co. Eldersburg 1 YES 2 100 FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2030 Red River Rd. 21784 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Barber Hair Care 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Carmello Carlmello Trimboli Domenica Greace BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Petrina Trimboli 2030 Red River Rd. Eldersburg, MD 21784 20s METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Moreland Memorial Park 1-12Parkville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART V Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse or condition Ma QUE TO COMAS A CONSEQUENCE resulting in death) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate ceuse. Enter UNDERLYING tho whoses CAUSE (Disease or Injury thet initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 F-NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 D Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28a, DATE OF INJURY 29b. TIME OF 28c. INJURY AT NA 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO N BY 2 Accident 28a. PLACE OF INJURY — building, atc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated (Check only one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and p 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 D23008 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
James Novick Mi) Suite ZZZ C qua

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31. DATE FILED (Month, Day, Year)

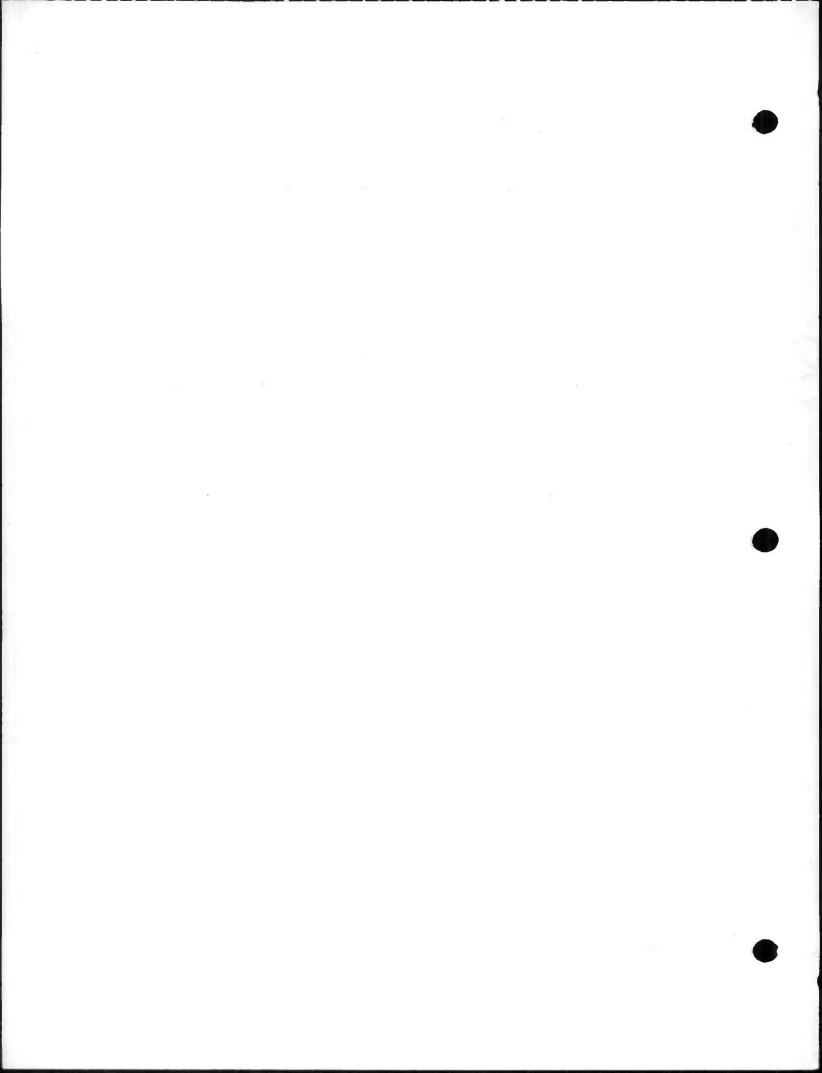
32. REGISTRAR'S SIGNATURE Davidson Rangell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) VIOLA VOSHELL 2:45Am 1995 JANUARY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 19,1908 DAYS HOURS MIN. 1 🗌 M 2 📈 F Penna. 162-07-8300 March permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore, City Maryland 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 2202 Pelham 21213 U.S.A. Page 6 may be retained by the hospital or artending physician. al director, page 5 should be detached for use as the burial-tran: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Art Teacher Penna. School System 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles Snyder Lillie Updegrade BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) aRue E. Joseph 3600 Glenmore Ave. 21206 pe 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Parkwood Cemetery 1/13/95 4 Donation 5 Other (Specify) Balto. medical examiner 21. SIGNATURE OF FUNERAL SERVICE/LICENSEE Leonard J.Ruck FuneralHome, Inc. funeral hours after death. Konald 5305 Harford Rd. Balto. Md. 21214 completely filled in by the rial. cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or rappiratory arrest, Approximate shock, or haert failure. List pnly pne cause pn eech line. interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition MASSIVE STROKE

DUE TO (OR AS A CONSEQUENCE OF): event, reaulting in death) executed burial HYPERTENSION traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury prior to certificate be HYPOTHYROIDISM or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST DIABETES MELLITUS 6 month the atten Mental H Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY signed by the 23 shows any TRACT INFECTION 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO has been : Dept. of F PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \text{SI} \) UNCERTAIN \( \square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DHNG PHYSICIAN: The Hem EXAMINER? certificate h HOSPITAL:
1.N Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) the . 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with marked, After this c 1 Natural 5 Pending 1 YES 2 NO ΒY Investigation 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 10 COMPLETED 4 Homicide Harried determined 29s. CERTIFIER

(Check only

(C (Check only one) TO THE HOSPITA TO THE FUNDA De filed within 72 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Suzamelledo, MO AT2438946 F1 DANNARY 10/1995 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UMH 201 EAST UNIVERSITY PRWY BAZTIMORE, MD 21219 SUZANNE ABDO, MD



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

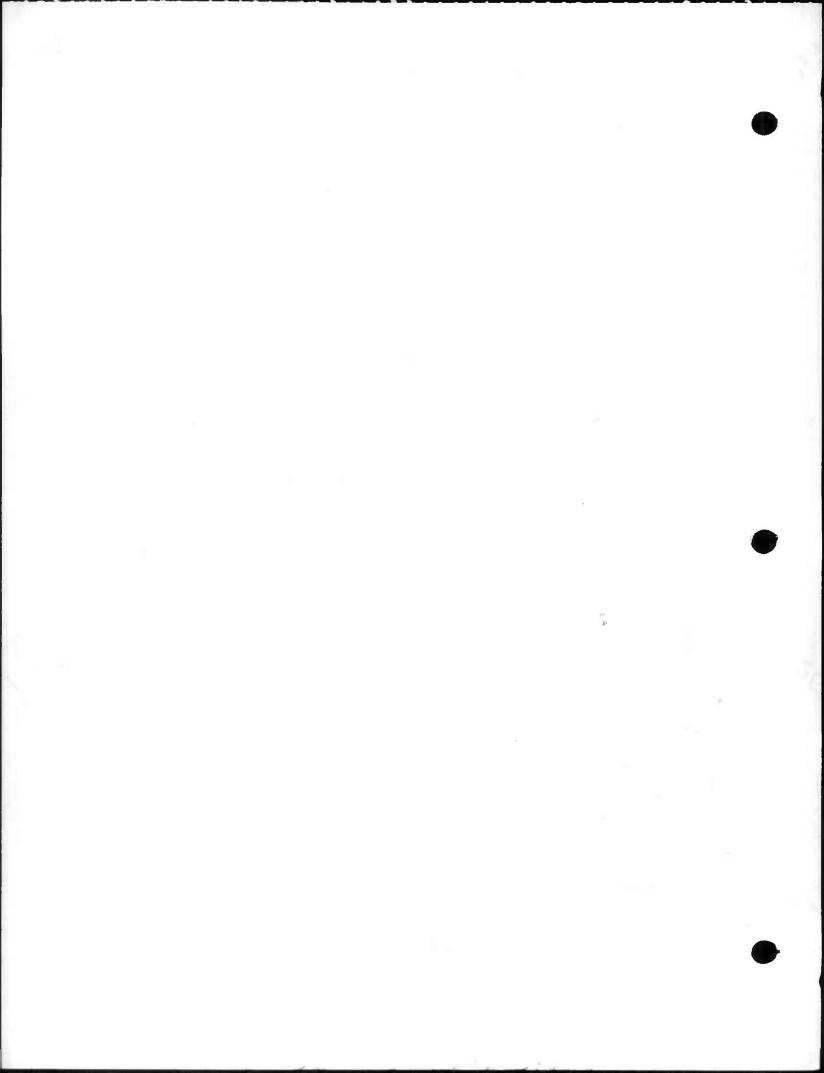
JAN 11 1995

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	:RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	THE FUNERAL	he filed within 72	MPORTANT: If

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEM: 1, per F.										
FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTI CERTIFIC			MENTAL HYGIEI REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)				02/111	2. OATE OF DEATH			3. TIME OF DEATH		
dere Welch 10	IE MARIE WELCH				MONTH I	ay .	1995	4:20 AM M		
	SEX 6. AGE (In yrs.	, , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHI Country	PLACE (State or Foreign		
234-46-2663 1  9e. FACILITY NAME (If not institution, give street	M 2 DF 67	YRS.	- CITY TOWN O	R LOCATION OF DE	Feb. 3, 1			t Virginia		
Hopkins Bayview Med		,	Baltim		EATH		UNTY OF DE	EATH		
RESIDENCE OF DECEDENT	iteal Center					N/A	7			
Maryland N/A			timore	ION				10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
100. STREET AND NUMBER 1005 Rodman Way				21205			S.A.	THAT COUNTRY?		
11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECI	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye		14. RACE	American Indian,		
1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 YES 2	∏ио		2 X NO Specify	n, Puerto Rican, atc.)		Black Specif	, whits, etc. y: White		
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 18e.	DECEDENT'S US	k done during mos	IN st of working	16b. KIND OF BU	JSINESS/IN	DUSTRY			
Elementary/Secondary (0-12) C	College (1-4 or 5 +)	iio Do NOT use i Housekee	-0.		Hotel					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder	Sumame)				
Clifford Welch  190. INFORMANT'S NAME (Type/Print)			100		Simmons					
Wanda M. Rever (Dau	ighter)				ew Freedor			7349		
20a METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal	from State 20b. PLAG	CEAND DATE OF I	DISPOSITION (Nat	me of	DATE 20c. LO	OCATION -	City or Tov			
4 Donstion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS		EATEM I				Trimo	ore, r	Maryland		
Dobet AV	Drob (1	Schimunek Funeral Home								
00 0407   5-4-4			3331	Brehms L	ane, Balt:	imore	. Md.	21213		
23. PAHI I. Enter the diseases, or com	plications that coused the	deeth. Do not						Approximate		
immediate Cause (Final	plications that coused the tonly one couse on each i	deeth. Do not ine.								
immediate Cause (Final	t only one ceuse on eech i	ine.	enter the mod	de of dying, auci	h sa cerdiec or resp			Approximate interval Between		
immediate Cause (Final	plications that coused the toniy one couse on each i	ine.	enter the mod	de of dying, auci	h sa cerdiec or resp			Approximate interval Between Onset and Death		
shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate	t only one ceuse on eech i	SEOUENCE OF):	enter the mod	de of dying, auci	h sa cerdiec or resp			Approximate interval Between Onset and Death		
shock, or heert failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON	SEQUENCE OF):	enter the mod	de of dying, auci	h sa cerdiec or resp			Approximate interval Between Onset and Death		
immediate Cause (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):	enter the mod	de of dying, auci	h sa cerdiec or resp			Approximate interval Between Onset and Death		
shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON-	SEQUENCE OF):	enter the moo	de of dying, such	h aa cerdlec or resp	olratory au		Approximate interval Between Onset and Death		
shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON-	SEQUENCE OF):	enter the moo	de of dying, such	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b.	Approximate interval Between Onset and Death  9 months  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO		
shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON-	SEQUENCE OF):	enter the moo	de of dying, such	h aa cerdlec or resp	N AUTOPSY RMED?	24b.	Approximate interval Between Onset and Death  G months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
shock, or heert failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or	DUE TO (OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTOR OR OR AS A CONDUCTOR OR OR	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in	enter the moo	de of dying, such	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b.	Approximate interval Between Onset and Death  9 months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	DUE TO (OR AS A CONDUCTO OR AS A CONDUCTO (OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTOR OR AS A	SEQUENCE OF):  SEQUENCE OF):  Of resulting in the sequence of	the underlying	de of dying, such	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b.	Approximate interval Between Onset and Death  G months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Shock, or heert failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTO) (OR AS A	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	the underlying	ceuse given in	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b.	Approximate interval Between Onset and Death  G months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SHOCK, Or heert failure. List  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions of  DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTO)  DUE TO (OR AS A CONDUCTO)  DUE TO (OR AS A CONDUCTO)  ONTIBUTION TO CAUSE OF DIVINITY O	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	the underlying  Check only one)  THER: Nursing Homes  WO  V  28c. INJULY WO  WO  THER: WO	Ceuse given in  UNCERTAIN  5 □ Residence	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 PNO	24b.	Approximate interval Between Onset and Death  G months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions or cond	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  AT 1 PS 1 P	the underlying  Check only one)  THER:  Nursing Home WO  1   Y	Ceuse given in  UNCERTAIN  5 □ Residence  JRY AT  RES 2 □ NO	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 P NO	24b.	Approximate interval Between Onset and Death  G monfhs  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
Shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions or DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Netural 5 Pending	DUE TO (OR AS A CONDUCTOR OF TO CAUSE OF DISTRIBUTION OF TO CAUSE OF DISTRIBUTION OF THE CAUSE OF	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  AT 1 PS 1 P	the underlying  Check only one)  THER:  Nursing Home WO  1   Y	Ceuse given in  UNCERTAIN  5 □ Residence  JRY AT  RES 2 □ NO	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 PNO	24b.	Approximate interval Between Onset and Death  G monfhs  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
Shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the initiated events resulting in death) LAST  DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 YES 2 NO  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the sequence of t	the underlying  (Check only one)  THER: Nursing Home Y M 1   Y et, fectory, office	UNCERTAIN  S = Residence  JRY AT  ES 2   NO	Part I. 24a. WAS AI PERFO 1 YES  6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State	N AUTOPSY RMED? 2 PNO INJURY OC and Numbe)	24b.	Approximate interval Between Onset and Death  9 months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SHOCK, Or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reaulting in death) LAST  PART II. Other significant conditions of the cond	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the sequence of t	the underlying  (Check only one)  THER: Nursing Home Y M 1   Y et, fectory, office	UNCERTAIN  S = Residence  JRY AT  ES 2   NO	Part I. 24s. WAS AI PERFO 1 YES  6 Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(s) and mattime, date and place, at	NAUTOPSY RMED? 2 PNO INJURY OC and Numbe	24b.  CCURED  or or Rural Re  sted.  the csuse(s)	Approximate interval Between Onset and Death  9 months  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SHOCK, Or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant conditions of the cond	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Of resulting in the sequence of th	the underlying  the underlying  (Check only one)  THER:  Nursing Home  FY  Y  Let, factory, offics  if the time, date in my opinion, de	UNCERTAIN  5 G Residence  JRY AT  RK7  ES 2 NO  and place, and due  with occured at the	Part I. 24a. WAS AI PERFO 1 YES  6 Other (Specity) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State to the cause(e) and mattime, date and place, at the cause (e) and the caus	NAUTOPSY RMED? 2 PNO INJURY OC and Numbe	24b.  24b.  CCURED  or or Aural Re  sted.  the cause(s)	Approximate interval Between Onset and Death  G munfhs  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		

32. REGISTRAR'S SIGNATURE
Julia Mullion Revell



ermit. Pages 1, 2, 3 should

Approximate Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

JAN.09,1995

BALTIMORE, MARYLAND 21215-0020	TIM. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pages file death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the finance of the completely filled in by the first after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	Il Impy28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	TAL OR	12	11 110

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COMPLETED

29e. CERTIFIER

296. SIGNATURE AND TITLE OF CERTIFIER

	1 - STATE REGISTRAR	STATE OF I	/ WARYLAND Ce		ITMENT (				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF OEATH
	ROBERT		WILLIAM	MS					TAT	.08	1995	YEAR	18:39
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. 7. E							OF BIRTH		8. BIRTH	PLACE (State or Foreign
	220-03-5019	7€ M 2 🗆 F	83	YRS.	MONTHS 0	AYS	HOURS	MIN.	(Mont	11/1:	1	Ra 1	to., Md.
	Sa. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TO	WN OF	LOCATIO	ON OF DE		11/1.	_	INTY OF D	
<u>٣</u>	3912 DUDLEY AV	E.			BALT	ттм	OPE						
اځا	RESIDENCE OF DECEDENT				DAI.	1111	OKE	_					
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	OCATI	ON						10d. INSIDE CITY LIMITS?
	Maryland			E	Baltin	nor	e						1 YES 2 NO
¥	10a. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
EH I	3912 Dudley Av	enue					21	213				U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WA	OECE	NDENT O	F HISPAN	IC ORIGI	17 (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY I	1 Never Married 2 Married  3X Widowed 4 Divorced	IF YES, GIVE Y		•0			2 X NO			Rican, etc.)		Speci	he:
													Black
밀	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gi	ive kind of	USUAL OCCU	PATION ng most	N Lat working	g	16b	. KIND OF BUS	INESS/IN	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Labo	,				1	Hallma	ark		
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)			Jane	rei								
	John Willia	<b>~</b>								Middle, Maiden	Surname)		
B	19e. INFORMANT'S NAME (Type/Print)	III S						nie					
12	Geraldine Wil	liame								ber, City or Town			4 21212
	The state of the s												
1 1	Donation Other (Specify)	oval from State										*	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENGS (	Garr	1son			Ve			. Own	ngs	Mil:	ls, Md.
	ALL DI	$M \cap M$	1 -A	_	LE	ROY	0.	DY	ETT	& S01	V FU	JNER.	AL HOME
Ш	Nuly	U. K	ulli							EIGHTS			E 21207
	23. PARY I. Ether the diseases, or o sheck, or heart failure.	complications that	t caused the de	ath. Do r	not antar th	mod	a of dyli	ng, suci	h ss card	fiac Dr respin	ratory sn	rest,	Approximate
	IMMEDIATE CAUSE (Final		T. C.										Interval Between Onset and Ds
	disease or condition	rterio	sclerot	ic	Cardi	ov	ascı	ılaı	r Di	sease	<u>.</u>		
	•		(OR AS A CONSEC										
Z	Sequentially list conditions,	b											
Ĕ	if sny, lesding to immediata	DUE TO	(OR AS A CONSEC	DUENCE DI	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
間	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
CERTIFICATION		d											
	PART ii. Other significant condition	s contributing to	death but not re	esulting	in the unde	riying	cause g	ivan in	Part i.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDIN
DICAL										PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSI
W									-	1   YES 2	ÖζΝΟ		OF DEATH?
Ξ	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	SINO		LINC	FRTAIN		Inqui	ry		1 TYES 2 NO
₹.	25. WAS CASE REFERRED TO MEDICAL				TH (Check only		OITC		1 ]				
SICIAN	EXAMINER? 1 T YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Manue	CT D						
РНҮ	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM		c. INJU	RY AT	HOEFICE	_	CRIBE HOW IN	MURY OC	CURED	
	1 Natural 5 Pending	(Month, D	ley, Year)		URY	WOR	K7	NO					
ВУ	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE O	F INJURY — At hor	me, term, s					28t, LOC	ATION (Street a	nd Number	or Rumi D	oute Number
유	4 Homicide determined	building,	etc. (Specify)		,				City	or Town, State)	I THE I HOUSE	or indiair	verse (verrice),

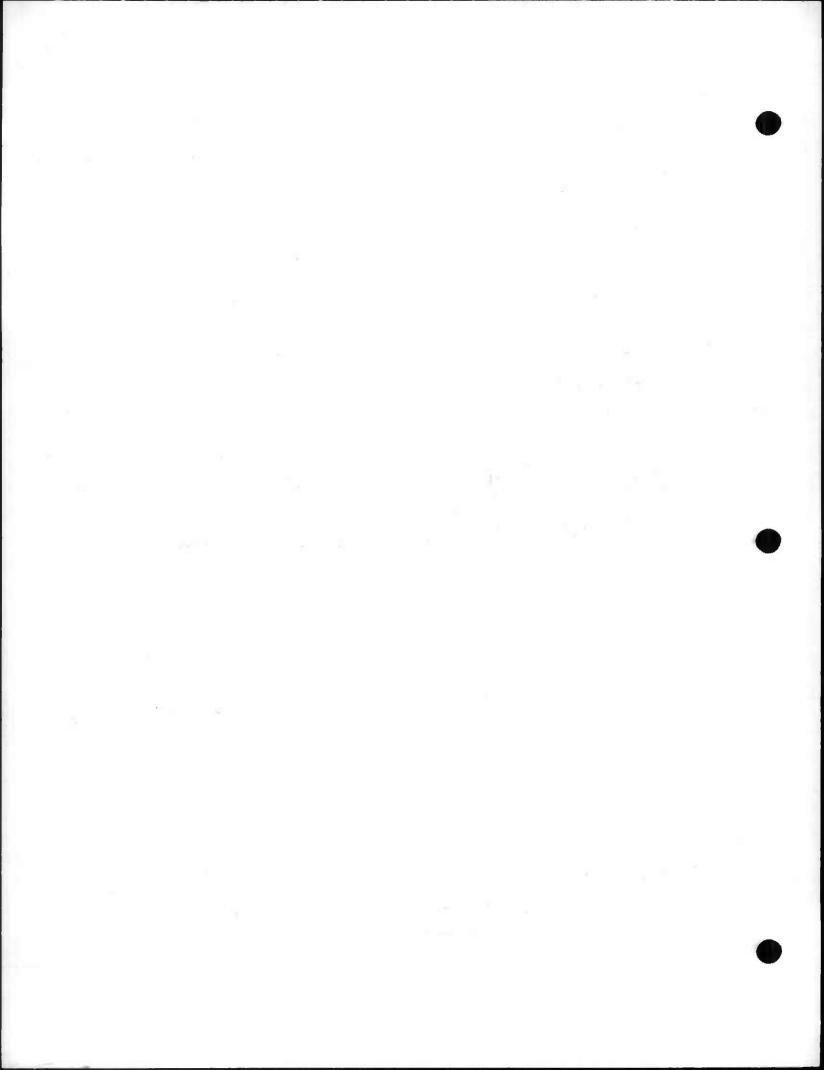
THE OF THE STREET BE me. D. Modere OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201 Julia Diction Charge

MEDICAL EXAMINER: On the basis

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and menner as stated.

29c. LICENSE NUMBER



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Ē	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If then 28 is marked or them 23 shows any injury or other trainmatic event the medical eventions must be notified at second
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
Ú	1. DECEDENT'S NAME (First, Middle, Last) Emma	WIL				2. DATE OF DEATH MONTH January 9	1995 YEAR	3. TIME OF DEATH 8:43 am. M
OR	4. SOCIAL SECURITY NUMBER 218-18-4168	1 M 2 JF		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11–30–20	8. BIRT Cour	INPLACE (State or Foreign
	9a. FACILITY NAME (If not Institution, give str Franklin Square			b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY OF Baltime	
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore	10c. CITY,	TOWN OR LOCAT	Rosedal			10d. INSIDE CITY LIMITS? 1  YES 2  NO
FUNERAL D	100. STREET AND NUMBER 1315 Cinesaco Ave	Apt. 123		101.	ZIP CODE 2123		10g. CITIZEN OF	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	ZVF NO	II yes, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yer in, Puerto Ricen, etc.)	or No — 14. RAC	CE — American Indian, ok, White White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	k done during mos retired.)	st of working	16b. KIND OF BU	SINESS/INDUSTRY	Security
BE COME	17. FATHER'S NAME (First, Middle, Last) Wilbur Routzahn	0	Clai	ims Cle		ME (First, Michille, Malcher LB ESS/OFT)	Surname)	Cecurity-
TO B	19a. INFORMANT'S NAME (Type/Print) Barbara Murphy				nd Number or Rural	Route Number, City or Tow Ltimore MD		
	20e. METNOD OF DISPOSITION 117 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State cem	PLACE AND DATE OF DETERMINED PAIR KWC	r plece) OOCI	1-	-12-95 Pa	cation – city or the	5000000
	· Denis	& Telle	/	Cvac 1211	Chesaco	ale Funera: Ave.		
ATION	23. PART I. Enter the diseesea, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	Pneumonia  DUE TO (OR AS A IMMUNOSUPP	CONSEQUENCE OF):				ratory arrest,	Approximate Intervel Between Onset and Death 5 days
CERTIFICATION	CAUSE (Disease or Injury thet initieted evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
MEDICAL	Small cell cancer of the lung, hypertension, atrial fibrillation  PERFORMED?  □ YES **X*NO					b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN	(Check only one)		6 Other (Specify)		
ву РНУ	27. MANNER OF DEATN 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJL	IRY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, 1srm, street, 1actory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, 1srm, street, 1actory, office City or Town, State)						Route Number,	
COMPLETED		IAN: To the best of my knowl						(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE F CERTIFICATION	lean M	7		29c. LICENSE NUN RD 669		29d. DATE SIGNE	D <sub>1</sub> (Morth, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WHO  A MARK  31. DATE FILED (Month, Day, Year)	16 GINLE	Y, FA	ini) LANKLI	y Saux	ARE HOSPI	TAL, BI	
	IAN 11 1005	32. REGISTRAR'S SIGNA	PARTON					

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DING PHYSICIAN: The law requires that the death certificate be executed within 💝 riours after death. Page 6 may be retained by the hospital or attending physician.	In the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 shy	ment of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	jed 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OH ATTENDIN	IIRECTOR: Aft	en Jamer dea	M 28 Is n

BALTIMORE, MARYLAND 21215-0020

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0		0 /13	1-11-90 W.A.	rer rund	erai nome			
	FOR STATE		STATE OF MARY	YLAND / DE	PARTMENT O	F HEALTH AN	MENTAL	HYGIENE
-	REGISTRAR				TIFICATE (			DEC NO

	REGISTRAR		CE	RTIF	ICATE O	F DEATH	R	EG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEAT	ГН	-
- 8	Vera White	9					O1	Ö	6	95	6	AW	ı
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF 6	зияти			PLACE (State or Fe		-
	214-01-1060	1 🗌 M 2 💢 F	76	YRS.	MONTHS DAY	B HOURS MIN.	Sept.	y, Year)	1918	Mars			
	9a. FACILITY NAME (If not institution, give a	street and number)			96, CITY, TOW	N OR LOCATION OF D		221.		INTY OF D			_
E I	Good Samaritan Ho	spital Nu	rsino Cent	'Ar	Baltim	ore City			N/Z		- CATT		
K	RESIDENCE OF DECEDENT	1	i dang dene		- 012 02	010 0101			11/2	1			_
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	,	Ī
<u>a</u>	Maryland N/A	A		Bal	timore	City					LIMITS?	NO	
A	10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?		-
FUNERAL	1601 East Belvede	ere Avenu	е			21239			U.S	5.A.			
3	11. MARITAL STATUS		T EVER IN U.S. ARN		13, WAS 1	ECENDENT OF NISPAI	NIC ORIGIN? (S	pecify Yes	or No-	14. BACI	E — American Indi	an.	_
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X NO	0	If yes,	specify Cuban, Mexica ES 2 X NO Specifi	in, Puerto Ricer	n, etc.)	0.110	Black	k, White, etc.		
ВУ	3 Widowed 4 Divorced				1	ES 2 M NO Specif	у.			Whi	Tte .		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DEC	EDENT'S	USUAL OCCUP	ATION	16b, KIN	D OF BUS	SINESS/IN	DUSTRY	-		-
4	Elementary/Secondary (0-12)	College (1-4 or 5+	life.	Do NOT us	vork done during se retired.)	most of working							
₽ I	12th Grade		Hom	emak	er		Owr	1 Hor	ne				ì
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middl	e, Maiden	Surname)				-
BE (	Alexander Francis	White M	on			Mary Ur	nknown	Unkr	nown				
6	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, C	alty or Town	n, State, Zij	p Code)			-
۲	Frederick Wilson	White	84	10 N	unley 1	Orive, Bal	ltimore	. Ma	rvla	and 2	1234		
	20e. METNOD OF DISPOSITION	= 4877							-	City or To		_	-
1	W Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ovel from State	Garden	s of	Faith	Cemetery	/9/95	Balt	imor	e. M	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	AND ADDRESS OF FA	CILITY						-
- 1	The hand	1 -(	1.2		John	C. Miller Belair Ro	c, Inc.						
$\dashv$	22 PAST   Sauce the discourse	1	7-		6415	Belair Ro	bad, Ba	iltin	ore,	Mar	yland 2.	L206	
	23. PART I. Enter the diseases, or shock, or heert feliure.	List only one ceu	se on each line.	ith. Do n	ot enter the	mode of dying, suc	h as cerdiec	or respi	ratory an	rest,	Approxim		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Acute Myocardial Infarction  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):							,					
- 1	resulting in death)	. AC	ue r	140	rand	ial Ing	parce	100	)		301	m	٤
		DUE TO	(OR AS A CONSEOL	UENCE OF	7):	ν							
8	Sequentially flat conditions, 6.												
CERTIFICATION	oue to (or as a consequence of): if any, leading to immediate couse. Enter UNDERLYING												
윤	CAUSE (Disease or injury that initiated events	cOUE TO	OR AS A CONSECU	IENCE OF	n.								_
	resulting in death) LAST				<i>r</i> ·								
핑Ⅱ		d					_						-
DICAL	PART II. Other significant condition	a contributing to	death but not re	sulting i	n the underly	ing ceuse given in	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FI		1
일		Seizur	e also	Yal	er		1.5	PERFOR			COMPLETION OF C		ı
Ę I	Isch-	emic 1	Ziotht (	Clre	bro Va	scoler Acc	rdatt	1120 2			OF DEATH?	10	ı
-			0			7.0.01					1   YES 2	10	ı
₹	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)						4
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA.	OTHER:			14.1					1
T 27. MANNER OF DEATH 286. OATE OF INJURY 286. TIME OF 28C. INJURY AT 28d. OESCRIBE H					LIURY OC	CUBED			4				
- 400	1 Natural 5 Pending Investigation	(Month, Da	ly, Year)	INJ	URY	WORK? YES 2 NO							ı
2 Accident				nd Number	r or Rumi B	Bristo Mumber		4					
Ĕ	3 Suicide 6 Could not be determined Could not be determined City or Town, Street and Number or Rural Route Number, City or Town, State)												
١٣	290. CERTIFIER 100 CERTIEVING BAYSICIAN, To the hard of the last o												
COMPLETED	CERTIFIEN  (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and menner ea stated, one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my calcular, death occurred at the line data and piace.												
	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(a) and manner se stated.												
296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUN	ABER 7 /		29d. DAT	E SIGNED	(Month, Day, Year)		1
2	Man MD 025391 > 1-6-95												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEN 27) (Type. Print) 3/Vd Balfiron no 21239												
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE												
	JAN 1 1 1995	The street	sor Root of										

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or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION TO THE HOSPITAL OF ATTENDED TO THE FUNERAL DIFFICURAL AND Be filed within 72 About the death	10 1000
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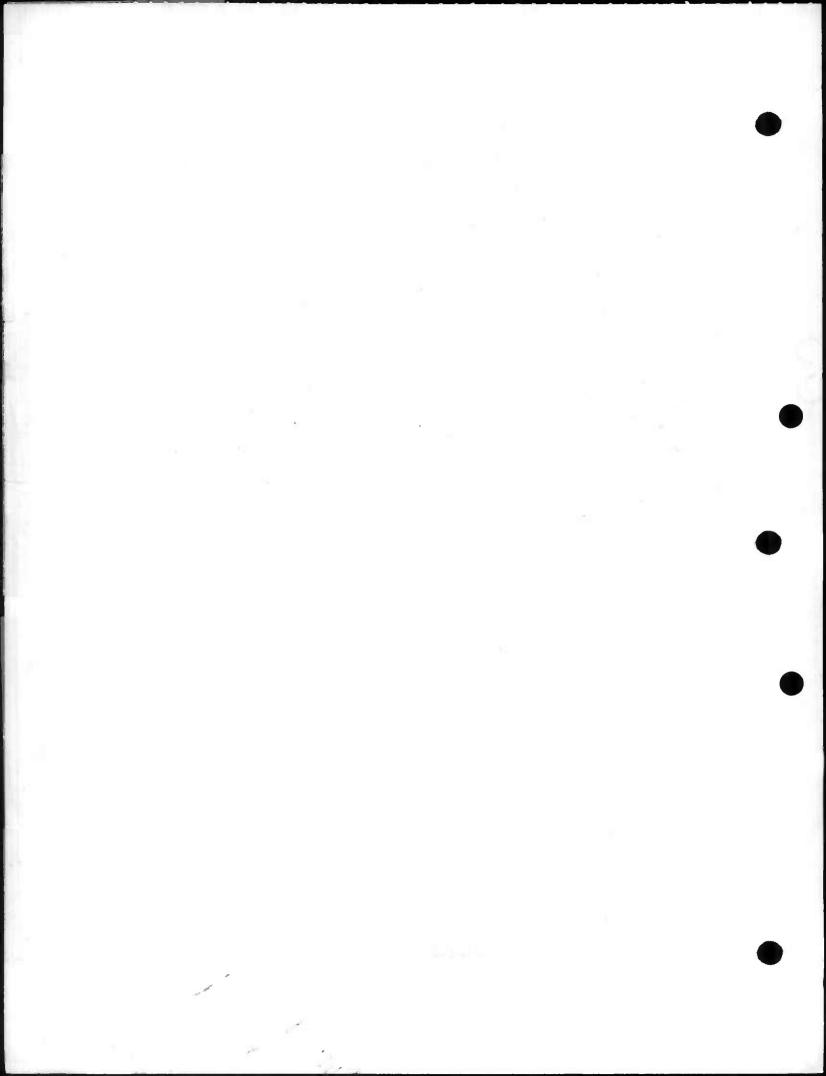
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		95 00513						
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE	JH AND MENTAL HYGIENE EATH REG, NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Thalma O Bridges	2. DATE OF DEATH MONTH DAY YEAR CO D S S S S S S S S S S S S S S S S S S						
TOR	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. Inst birthdey)  1	INDER 24 HRS. 7. DATE OF BIRTH IRS MIN. (Month, Day, Year)  AGUST 2, 24  R. BIRTHPLACE (State or Foreign Country)						
	98. FACILITY NAME (If not institution, give street and (number)  NOTHWEST  TOSPITAL  CT.  9b. CITY, TOWN OR LOW  RESIDENCE OF DECEDENT	cation of Death  Sc. County of Death  Da to						
DIRECTOR	100. STATE 106. COUNTY alto 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 \( \text{Y ES 2} \) NO						
FUNERAL	3311 Sinere Rd 101. ZIPC	21207 10g. CITIZEN OF WHAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT If yes, specify C 1 YES 2	NT OF HISPANIC ORIGIN? (Specify Yea or No— Line Maxican, Puerto Rican, etc.)  NO Specify:  Specify:  Black  Specify:  Black  Specify:  Black  Specify:  Specify:  Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of well life. Do NOT use retired.)	vorking 16b. KIND OF BUSINESS/INDUSTRY						
BE CO	5 amuel Brunt  Brunt	mother's NAME (Figst, Middle, Maldon Sympho)  Marity						
10	William Dridges 3708 Cray	amber or Aural Apage Nymber, Cityer Town, State Zip Code)						
	20g METHOD OF DISPOSITION   Burlel 2   Cremation 3   Ramoval from Stata   20g PLACE AND DATE OF DISPOSITION (Name of Calleton, Crematory or of Palago)   NUTLA   PK   VH/95   Randa   Stown, Modern Company of Pk   VH/95   Randa   Stown, Modern Company or of Pk   Nutra   PK   VH/95   Randa   Stown, Modern Company or of Pk   Nutra   PK   Nutra   PK   Nutra   PK   Nutra   PK   Nutra							
	Tely to Gordan H300	Wabash Ave						
	23. PAPT I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of shock, or heart failure. List only one cause on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. (2) 2 i	f dying, such as cardiac or respiratory arrest, Interval Batweer Onset and Daeti						
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. ALLTL JALY CARD: G. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. R. Spireture for the conditions, our form of the cause	paetion						
	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause	PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  OTHER:							
	1 Ves 2 VNO 1 Propertient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 C  27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY A WORK?  1 Netural 5 Pending M 1 YES							
TED BY	2 Accident investigation 3 Suicide 6 Could not be datarmined  28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place of axamination and/or investigation, in my opinion, death oc							
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RCH

32. REGISTRAR'S SIGNATURE

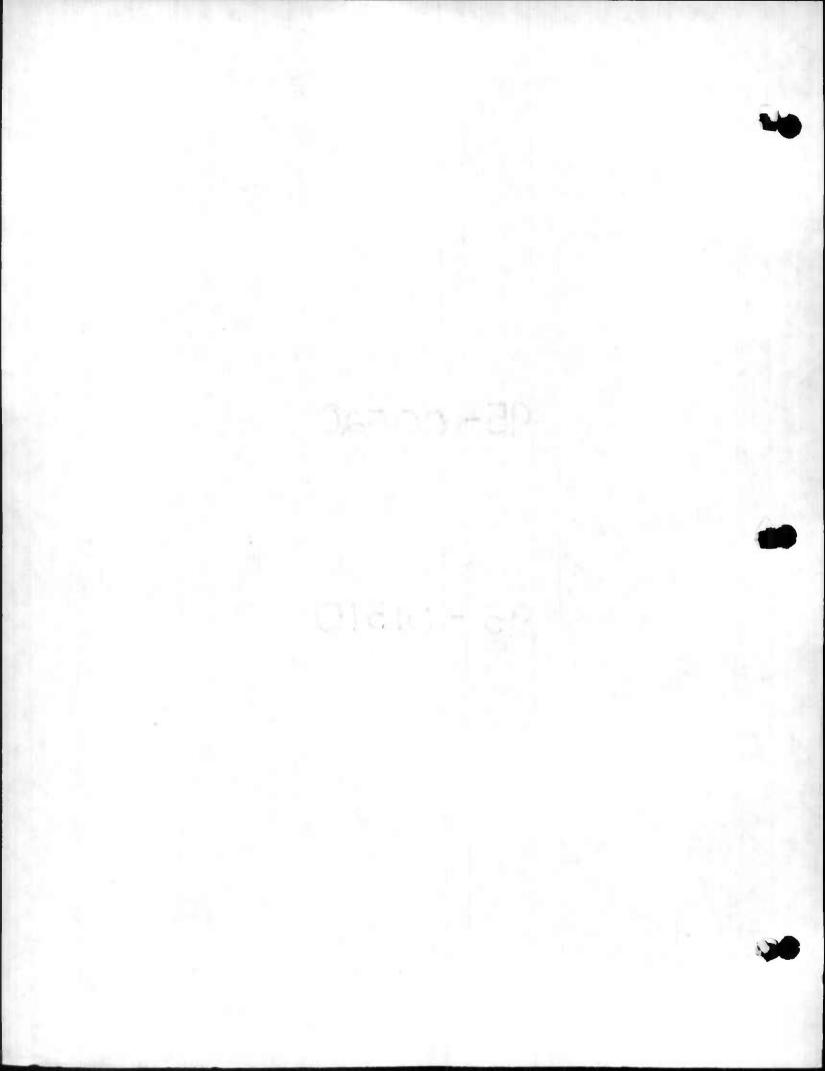


BALTIMORE, MARYLAND 21215-0020 SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he be burial and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760  TO THE HOSP WITH THE HIS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of TO THE PAYENAL DIBETTOR. After this certificate has been signed by the attending physician and completely filled in by the be filed without the state Dept. of Health and Mental Kiglene prior to burial, cremation, or removal.	IMPORTANT: I THE ZE IN THE ZE TO THE ZE SHOWS ANY INJUTY, OF OTHER UNUMBER EVENT, THE MEDICAL EXAMINER MUST BE NOTIFIED AT ONCE.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	Emily	Brumwe	17			DATE OF DEATH DA	1995	EAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 220-54-7001	5. SEX 8. AG	95 YRS.	MONTHS DAYS	IF UNDER :	MIN.	DATE OF BIRTTN (Month, Day, Year)		Country	inia
	Sa. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATIO			9c. COUNTY		
DIRECTOR	Inns of Evergreen N/H Balto N/A									
REC	DB. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
		N/A Baltimore							1 X YES 2 NO	
RAL	10e. STREET AND NUMBER			1	M. ZIP CODE					HAT COUNTRY?
FUNERAL	2525 W. Belvedere	12. WAS DECEDENT EVE	R IN U.S. ARMED	13, WAS DI	212		RIGIN? (Specify Yea		S.A.	- American Indian,
	1 Never Married 2 Merried	FORCES? 1 YE	S 2 X NO	If yes, s	pecify Cuben S 2 NO	, Mexican, Pu Specify:	uerto Rican, atc.)		Black, Specify	White, etc.
D BY	3 ▼ Widowed 4 □ Divorced	<u> </u>			Λ					Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind o	'S USUAL OCCUPAT I work done during n use retired.)	ION lost of working	9	16b, KIND OF BUS	INESS/INDUS	TRY	
PL	Elementary/Secondary (0-12) 2nd	College (1-4 or 5+) N/A	LAB	ORER				n/a		
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTN	ER'S NAME (	First, Middle, Meiden	Sumame)		
BE (	Arthur Wheeler					rietta				
6	19a. INFORMANT'S NAME (Type/Print)	2	l l				Number, City or Town			
	Kathy Fitzgeral		3194 206. PLACE AND DAT			enue/B	altimore	, Mary		
	20a METHOD OF DISPOSITION  1 & Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	emetery, crematory or King Mem	other plece)		m 1	-12 Ran			.,
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	TATING TICK			S OF EACILITY		Garrat	.Owii	, rib
	Simil	1	AMB -				Avenue 1	Ralto.	Md	21202
	23. PART I. Enter the diseases, or shook, or heart failure.	complications that due List only one cause or	eed the deeth. Do n eech iine.	not enter the m	ode of dylr	ng, such as	cerdiec or respi	ratory arres	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. 5	epsi	5						Onset and Death
_		J. 100 A	S A COMSEQUENCE	Ven	unl	IU	CONS			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OH A	S A CONSEQUENCE	OF):						
2	CAUSE (Disease or injury	C. DUE TO (OR A	S A CONSEQUENCE	OD.						
E	that initiated evanta resulting in deeth) LAST	DOE TO (OR A:	S A CONSEQUENCE	OF):						
		d								
ICAL	PART il. Other significent condition	as contributing to Beath	but not resulting	In the underlyl	ng ceuse gl	lven in Part	PERFOR	MED?	1 7	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC							1 TYES 2	_ NO		OF DEATH? 1  YES 2 NO
N	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y	ES NO [	JUNC	ERTAIN [	]			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DE	ATN (Check only one	)					
IXS	1 YES 2 NO 27, MANNER OF DEATN	1 Inpatient 2 ER/O		4 Wursing No						
	1 Natural 5 Pending	(Month, Day, Year	7) 1	YJURY W	JURY AT ORK? YES 2 [		I. DEŞCRIBE HOW II	SJURY OCCUP	RED	
B√	2 Accident Investigation 3 Suicide 8 Could not be	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Route Number.								ute Number,
	4 Nomicide determined	building, atc. (Specify) City of Town, State)								
COMPLETED		ICIAN: To the best of my kn								
	29b. SIGNATURE AND TITLE OF CERTIFIE	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.								
TO BE		100		(m)	Z96.4 CE	SE NUMBER	685	29d. DATE S	IGNED (	Month, Dely, 1991
-	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF	DEATH (ITEM 27) (TYPE		32	1391	40. n	10.	21	215
	31. DATE FILED (Month, Day, Year)	32AREGISTRAR'S	SNAHUBB				, , , , ,			

VOID
CERTIFICATE # 95-00520
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CERTIFICATE # 95-01310

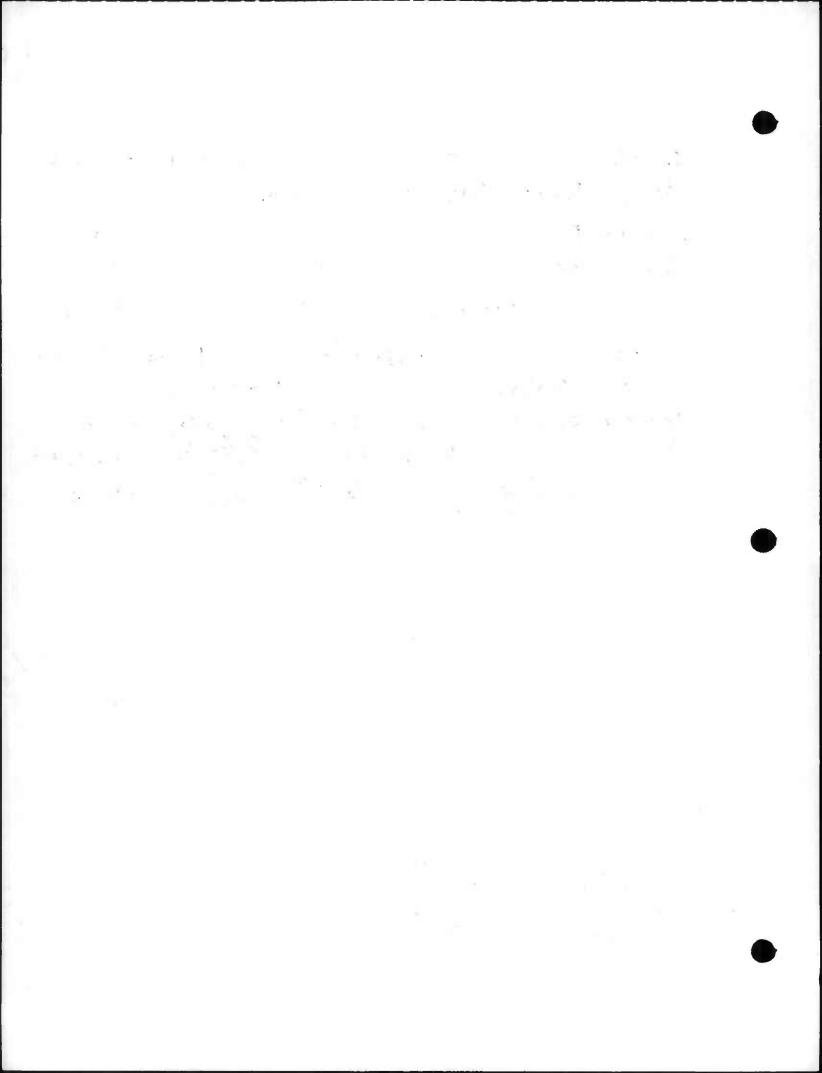


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S, P.O. BOX 68760,	

DIVISION OF VITAL RECORD

or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should		
hat the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or atte	tor, page 5 should be detached		ust be notified at once.
il. Page filer death. Page 6	ian and completely filled in by the funeral direct	lation, or removal.	, the medical examiner must i
th certificate be executed with	tending physician and complete	il Hygiene prior to burial, crem	um 28 is marked, or item 23 shows any injury, or other traumatic event, the med
G PHYSICIAN: The law requires that the dea	cate has been signed by the att	ite Dept. of Health and Menta	em 23 shows any injury,
WE ATTENDING PHYSICIAN:	DIFFCTOR: After this certifical	hors after death with the State Dept. of Heal	m 28 is marked, or it

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	NANCA			1 - 11-	-1995 230 p.m M					
	223-52-5402	5. SEX 6. AGE (In yrs. los 53	YRS. HONTHS	ER t YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	Opril 21,19	8. BIRTHPLACE (State or Foreign Country) VIP91019					
DIRECTOR	September of December 1	ey Hospic	е 96. С	Baltimus		9c. COUNTY OF DEATH					
REC	10a. STATE 10b. COUNTY	0	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Balt	more County		10f, ZIP CODE		1 X YES 2 NO					
FUNERAL	3207 Elba	Drive	21207		USA						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. AR FORCES? 1 X YES 2 1 N IF YES GIVE WAS OR DATES	MED 1:	WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic     □ YES 2 NO Specify Cuben	an, Puerto Rican, etc.)	r No— 14. RACE — American Indian, Black, White, etc.					
ED BY	15. DECEDENT'S EDUCA		CEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSII	Black					
COMPLETED	(Specify only highest grade co	impleted) (Gi	ive kind of work don Do NOT use retired	during most of working	Day	110					
OME	17. FATHER'S NAME (First, Middle, Last)	57 1	xpec	18. MOTNEB'S N	AME (First, Middle, Maiden St	Stal Service					
BE C	Clevis Ha	lloway		1 1	cille R	iranch					
5	Patricia Bran		D. MAILING ADORE	SS (Street and Number or Rural	DIL	State, Zip Code)  Md 21207					
	20a METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	al from State Cometery, cre.	AND DATE OF DISPO	OSITION (Name of	4//	ATION — City or Town, State					
	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICEN	ISEE IS GITT	15071 TC	FNAME AND ADDRESS OF F	ACILITY /	ings Mills, Mc.					
	· Joseph X	. Puss	t	beeph L	Dorch an	Batto. Md					
	23. PART LEnter the diseases, or con shock, or heart failure. Lie	mplications that caused the de et only one cause on each line	ath. Do not ente	er the mode of dying, su	ch as cardlec or reepira	tory arrest, Approximate Intervs! Between					
	IMMEDIATE CAUSE (Final disease or condition					Onset and Death					
	e. Due TO (OR AS A CONSEQUÊNCE OF):										
ON	Sequentielly list conditions, b.	DIE TO (08) AS A CONSEC	DUENCE OFI:	Arrest		minotas					
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Marias to	1515 6	1/2/		1 James					
CERTIFICATION	that initieted events resulting in death) LAST	BUE TO (OR AS A CONSEC	DUENCE OF):	9,140,140		15					
	d.	revial Cal	Carc	I vouce		15 11008-					
CAL	PART II. Other eignificant conditions	contributing to death but not r	esulting in the i	underlying ceuse given in	PERFORM	ED? AVAILABLE PRIOR TO					
PHYSICIAN: MEDIC					1 YES 2	NO OF DEATN?					
Z.	DID TOBACCO USE CONTRI				N 🗆						
Sic		28. PLAC	E OF DEATN (Chec	:A:		h/h					
H.	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	ursing Nome 5 ☐ Residence 28c. INJURY AT	8 (J*Other (Specify) 28d. DESCRIBE HOW INJ	HOSPICE -					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	THE STATE OF STATE	U					
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, atreet, fa	ctory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSICIA	AN: To the best of my knowledge, de									
12 1	one) 2 MEDICAL EXAMINER:	On the seeks of examination and/or i									
	29b. BIGNATURE AND TITLE OF CENTREEN	On the shells of examination and/or i	Trostigation, in my								
BE	MEDICAL EXAMINER:	Succession examination and/or i	)	29c. LICENSE NU		29d. DATE SIGNEO (Month, Day, Year)					
	296. SIGNATURE (NO TITH OF CHITICAL)	OMPLETED CAUSE OF DEATN (ITEN	)		IMBER :						



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O. BOX 68760,	certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physicia	line observed and completely filled in by the funderal director page 5, chould be decorbed for use as the buriet of
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OF VITAL RECORDS, P.(
SICIAN: The law requires that the death ce
pertificate has been signed by the attendit

		1 - FOR STATE REGISTRAR	STATE OF MA					EALTH AND DEATH	MENT	AL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Lest)	Micha	ael E.	Bobli	ts-Cı	omv	well	MON	TE OF DEATH DA	1995	YEAR	TIME OF GEATH
2		4. SOCIAL SECURITY NUMBER 217-84-8259	5. SEX 1 2 M 2 F	3. AGE (In yrs. Ia		IF UNDER 1 1	MYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	1	. BIRTHPLA Country)	CE (State or Foreign
2. 3 3/100	FOR	Bayview Medica	L Cntn.			Bal		R LOCATION OF D	DEATH		9c. COUNT	Y OF DEATH	
L. rayes	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md	Υ			town on							I. INSIDE CITY LIMITS?  YES 2 NO
alibat period	FUNERAL	100. STREET AND NUMBER 5317 Wright A	ve.	-			10f.	21P CODE 21205				S.A.	COUNTRY?
Ule vurianu	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT (FORCES? 1 FYES, GIVE WAR	YES 2 X	RMED NO	If y	es, spec	NDENT OF HISPA city Cuben, Mexic 2X NO Spec	an, Puerto	iN? (Specify Yea o Rican, atc.)	or No- 1	Black, Wi	American Indian, ille, atc. Thite
760 101 00	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	oleted) (Give kind of wor			ork done during most of working a retired.)			C n			& Seal
d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)  John Cromwell  Delores M. Bettleyon											
be notified	0	II 190 INFORMANT'S NAME (Typo/Print)									2120	5	
must		20a. METHOD OF DISPOSITION 1		20b. PLACE cometery, cr	AND DATE O ematory or oth	r place)	N (Nam	natoru	DA	13 Ba	cation — ci	ty or Town, , Md.	State
val.		21. SIGNATURE OF FUNERAL SERVICE LIN	Smith			11 a 1 75 a	me and 27	matory PADDRESS OF F. Ley Nix Harfor	llen id R	Fune.	nal H	ome Md.	21234
cremation, or removal		iMMEDIATE CAUSE (Final	List only one cause	ist only one cause on each line.								Approximate	
- E	z			DUE TO (OR AS A CONSEQUENCE OF):  necrotizing fasciitis						to me the warm			48 hc
prior	RTIFICATION	it any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						DIOPATHY BY MELEN EXAMINED			6 mo	
Mental Hygiene jury, or other	CERTIF	and delicate to describe the ACT	d. motor v				7+						18 mo
the State Dept. of Health and Mental or Item 23 shows any injury,	MEDICAL	PART II. Other algnificant condition	na contributing to de	eath but not	reaulting li	tha unde	riying	cause given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APPLETION OF CAUSE DEATH?
Dept. of n 23 sho	PHYSICIAN: N	DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU		ATH YES			UNCERTA	N 🛮			'	YES 2 NO
or Item	YSIC	EXAMINER?  1 X YES 2 NO	HOSPITAL:	P/Outpatient		OTHER: 4 - Nursin	Home	5 - Rasidenca	6 🗆 Ott	ner (Specify)			
marked		27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	Year)	26b. TIME INJU	IRY	won	IK?		ESCRIBE HOW II			
1	ВУ	2 Accident Investigation 3 Suicida 8 Could not be	6-3-93 28a. PLACE OF I	NJURY - At h	12	'	, offica	ES 2 NO		CATION (Street a			Number
1 82	Œ	4 Homicide detarmined	building, at	c. (Specify) dHay						y or Town, State) at Cato	n Ave	exit	
within 72 hours	COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m										manner as stated.
De Sted within	BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R				- 1	29c. LICENSE NU			29d. DATE		nth, Day, Year)
2 M	2	DO NAME AND ADDRESS OF BENSON WA	MI	OF DESTRUCTE				02868	9		1 9	1/09	175

byking Baywew
32. Begistrap's Signature
fall Dawdson Randall

E. Bessman MD

31. DATE FILED (Month, Dey, Year)

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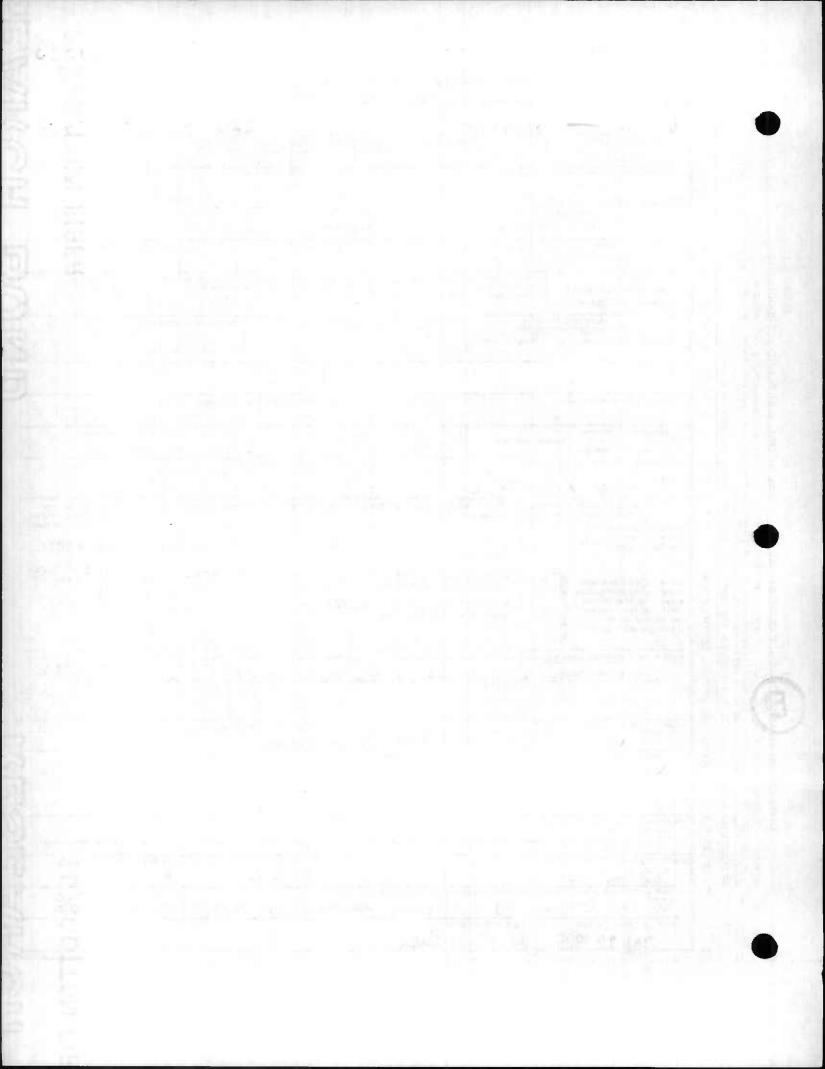
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DIVISION OF VITAL BECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inciding page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal	MENGTANT If hem 28 is marked or item 23 shows any injury or other trainmatic event the market has much he marked or passes

1 - STATE REGISTRAR		STATE OF MA			MENT OF CATE OF			MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (	First, Middle, Last)	Brenner	_					2. DATE MONTH		W Co	95	3. TIME OF DEATH
4. SOCIAL SECURITY N	UMBER	5. SEX 6.	AGE (In yrs. lest	t birthday)	IF UNDER 1 YEAR	-	R 24 HRS.	7. DATE	OF BIRTH Day, Year)		8. BIRTHE Country	LACE (State or Foreign
	055-14-4944 1 M 2 XF  9e. FACILITY NAME (If not institution, give etreet end number)				MONTHS DAYS	HOURS	MIN.	FEB	3,192	1		
			9b. CITY, TOWN			EATH		9c. COU	NTY OF DE	ATH		
HOWARD C RESIDENCE OF E 100. STATE MD		SENERAL HOS	SPITAL		COI	LUMBI	A			H	OWARI	)
10e. STATE	10b. COUN	гу		10c. CITY	TOWN OR LOCA	NTION					T	10d. INSIDE CITY LIMITS?
		HOWARD			COLUM	BIA						YES 2 NO
11620 LIT						of. ZIP COO	Ē.			10g. CITI	ZEN OF W	HAT COUNTRY?
11620 LIT	TLE PAT	UXENT PKWY	AP	r. 20	)2		2104	14			USA	70
3 Widowed 4	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EYER FORCES? 1 YES			Ю	If yes, s		en, Mexica	en, Puerto F	? (Specify Yes licen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.
AD M	DECEDENT'S ED	UCATION le completed)	16e, DE0	CEDENT'S	USUAL OCCUPAT	ION	lna	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  12  HOMEMAKER  AT HOME  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)												
						18. MOT	HER'S NA	AME (First, A	liddle, Maiden	Surname)		
	ROPAUER							E GRI				
194. INFORMANT'S NAM					ADDRESS (Street							21044
JOSEPH BRENNER  11620 LITTLE PATUXENT PKWY, #202, COLUMBIA												
20a. METHOD OF DISPOSITION  1 State   20a. METHOD OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE OF DISPOSITION (Name of commetter), crematory or other place)  COLUMBIA MEMORIAL PARK 1+9-95 COLUMBIA, MD    22a. Name and address of Facility   SOL LEVINSON & BROS., INC.   6010 REISTERSTOWN ROAD BALTIMORE, M												
								STA,	MD			
IMMEDIATE CAUSE disease or condition resulting in death)	r heart fallure (Final	A CUTE	ACUTE CONCESTIVE HEART FAILURE						reat,	Approximate Interval Betwee Onset and Date 3 Day 5		
DUE TO (OR AS A CONSEQUENCE OF):  ADENO CHECINOMA OF LUNG, METASTATIC  DUE TO (OR AS A CONSEQUENCE OF):										4-YEAR		
If any, leading to im	mediata	DUE TO (OI	R AS A CONSEC	DUENCE OF	):		,					30000
CAUSE (Disease or that initiated events resulting in death) t	Injury		R AS A CONSEC		BLEEDI	700						30445
		d										1
Severe		REGURGI				SUFF			24a. WAS AN PERFOR 1 YES 2	IMED?	1	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRE EXAMINER?  1 □ YES 2 NO  27. MANNER OF DEATH	D TO MEDICAL				26, 1	LACE OF E	DEATH (Ch	heck only on	)			
EXAMINER?		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 - Nursing Ho	me 5 🗆 R	esidence	6 Other	(Specify)			
27. MANNER OF DEATH		28a. DATE OF IN (Month, Day,	JURY Year)	26b. TIME	OF 28c, IN	JURY AT ORK?			CRIBE HOW I	NJURY OC	CURED	
1 Natural 5	Pending Investigation	(				YES 2	NO					
9 Dutalda	3 Suicide 6 Could not be 26e. PLACE OF INJURY — Al building, etc. (Specify)					ce		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,
		SICIAN: To the best of my IER: On the basis of exam										end menner ee stated
296. SIGNATURE AND TO	TLE OF CERTIFIE	ER					ENSE NU			29d. DAT	E SIGNED	Month, Day, Year)
30. MANE AND ADDRES	GT BB 0	NS, MA				OLIS	RD	ELL	10677 (	CITY	MD	21042
31. DATE FILED (Month,	2 1995	32 REGISTRAR										



		FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			IENE . NO.			
	1	1. DECEDENT'S NAME (First, Middle, Last) BEUL	AH R	. B	ARR		2. DATE OF DEA MONTH	TN	EAR 3. TIME OF DEATH		
	1	4. SOCIAL SECURITY NUMBER 215-01-2342		yrs. last birtnday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Y	1910	BIRTHPLACE (State or Foreign Country) MARYLAND		
2, 3 should	стов	90. FACILITY NAME (If not institution, give str NORTHWEST HOSPIT			Ran	PRECENTION OF D	EATH	9c. COUNTY	OF OEATH ALTIMORE		
←"	DIRECT	10a. STATE 10b. COUNTY MARYLAND		10c. CITY	TOWN OR LOCAT BALT	IMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
020 physician. burial-transit permit. Pages	AL	100. STREET AND NUMBER 7219 PARK HEIGHT	S AVE, APT, 4	03	- Y-	. ZIP CODE			CITIZEN OF WHAT COUNTRY?		
Be a	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U. FORCES? 1 TYES :	S. ARMED	13. WAS DEC	ENDENT OF NISPA ecity Cuben, Mexico NO Specifi	in, Puerto Rican, el	Ify Yea or No- 14	14. RACE — American Indian, Black, White, atc. Specify: WHITE		
- · 3	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		8a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON ast of working	16b. KIND C	F BUSINESS/INDUS	SINESS/INDUSTRY		
YLAND 2: by the hospital of be detached for at once.	COMP	17. FATHER'S NAME (First, Middle, Last)	2		PROPR]		LA ME (First, Middle, N		S APPAREL STORES		
	BE C	PHILIP		FREEDM	AN	D	FINKELSTEIN				
MAR: retained to 5 should notified	5	19a. INFORMANT'S NAME (Type/Print)	an ramino ran a					or Town, State, Zip Co			
Page Page		MRS MERLE  20a METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo		LACE AND DATE OF	F DISPOSITION (Na			BALTIMOR  CH	E, MD 21208 y or Town, Stata		
E ec e		4 Donation 5 Other (Specify)	AG	UDAS BN	AI JACO			ROSEDAL	E, MD		
death funer e funer ll.		· Chu Way	Levis		SOL 6010	LEVINSO CEVINSO REISTE	N & BROS	OAD BALT	IMORE, MD 2121		
B 1 24 hours after by filled in by the astion, or removal the medical		23. PART I / Entar the diseases, or of chock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	omplications that caused the only one cause on each	he death. Do no	ot antar tha mo	da of dying, suc	h ss cardiac or	respiratory srrest	t, Approximate interval Batween Onset and Death		
68760 ecuted within nd completely buttal, cremati		resulting in death)	DUE TO (OR AS A CO	S / S ONSEQUENCE OF	: 1	THEA	00710	. 1			
BOX 68 are to eacu hysician and prior to but in traumatik	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CALLSE (Oleane of Labor).  By OCAR DIAL INFARCTION  DUE TO (OF AS A CONSEQUENCE OF):  RIGHT LOWER LOBE PREUMONIA									
or other	ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO			7700					
S	SAL C	PART II. Other significant conditions	contributing to death but	not resulting in	tha underlying	g causa given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
RECOl requires the seen signed of Health shows any	MEDIC							ES NO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AL has b Dept.	SICIAN:	DID TOBACCO USE CONTR		PLACE OF DEATH		UNCERTAI	N 🗆 📗				
F VITAL SICIAN: The law certificate has the State Dep , or item 23	rsic	1 TES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Rasidence	8 Other (Specif	1)			
の音響	у РНУ	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT PK? YES 2 NO	28d. DESCRIBE I	NOW INJURY OCCUR	IEO		
S affe 85	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, lerm, at	reet, lectory, office	•	281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,		
Z Z Z ≃	COMPLET		IAN: To the best of my knowledge: On the basis of examination ar						ause(a) and manner as stated.		
TO THE HOSPI TO THE FUNER be filed within IMPORTANT	TO BE C	296. SIGNATURE AND THE OF CENTIFIER	Itel M	D		DZ7	157	29d. DATE S	IGNED (Manth, Day, Year)		
90		RAYNOLD DE	COMPLETED CAUSE OF DEATH			WESTL	40 SPITA	L CET	SITER		
V		31. DATE FILED (Month, Day, Year) IAN 12 1995	REGISTINAR'S SIGNATURE OF THE PROPERTY OF THE	Kardall	10010111	w 4 / 1 / 1	V-111/1	V. CEI			

		1 - STATE REGISTRAR	STATE OF MARYLA	ND / D CEF	EPARTMEN RTIFICAT	T OF H	EALTH AND	MENTA	HYGIENE	E			
		1. DECEDENT'S NAME (First, Middle, Last)	Louis N.					MONT	OF DEATH		EAR	O1:28 A	
70		4. SOCIAL SECURITY NUMBER		yrs. lest bi	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTHPL Country)	ACE (State or Foreign YORK	
2, 3 should	стоя	98. FACILITY NAME (If not institution, give st. THE JOHNS HOPKINS	B HOSPITAL				MORE CI			9c. COUNTY	OF DEA	тн	
ges 1,	3ECI	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		1	10c. CITY, TOWN	OR LOCAT	ION				-1	Dd. INSIDE CITY	
nit. Pa	. DIRE	NEW YORK	ERIE				FALO				LIMITS? YES 2 NO		
sit pen	RAI	100. STREET AND NUMBER  231 HUNTINGTON RO	DAD			101	21P CODE 14214			10g. CITIZEI		AT COUNTRY?	
21215-0020 If or attending physician.  Not use as the burial-transit permit. Pages 1,	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	D 13	If yes, sp	ENDENT OF HISPA policy Cuban, Maxic 2 NO Speci	an, Puerto		USA  14. RACE — American Indian, Black, Whita, aic.  Specify:  WHITE			
r attend use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade			DENT'S USUAL of work done			168	. KIND OF BUS	USINESS/INDUSTRY			
	PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.	IT use retired.)							
AND 2 the hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)	5±1_			TTOR	18. MOTHER'S N	AME (First,	Middle, Maiden S	AT I	AW		
8 2 Z	BE	JACOB		BLAT			SARAH				SRAE	<u>.                                    </u>	
2 0 0	2	19a. INFORMANT'S NAME (Type/Print) MRS . ALAN	CHESKIN				EL DRIV					4051	
ALTIMORE, seath. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 X Remo 4 Donalion 5 Other (Specify)	val from State 20b. F	PLACE AND	REST PLA	SITION (NA		-12-9	20c. LOC BUFF	ALO, I	VEW	, State YORK	
		21. SIGNATURE OF FUNERAL SERVICE LICI	1. Cuth	h	22		LEVINSO				TMOR	E, MD 2121	
2 2 E		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between											
hin 24 tely fills mation,		IMMEDIATE CAUSE (Final										Onsat and Death	
6876 xecuted and com burial,	NOI	a. Adult Respiratory Distress Syndrome  Due to (or as a consequence of)  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):										~ 4 wks	
BOX cate be e hysician s prior to nr traum	CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
P.O. B th certificat ending phys i Hygiene p or other	CERTIFICATION	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A C	CONSEQUE	ENCE OF):								
atte atte	- 1	PART II. Other algnificant conditions	contributing to death but	t not resu	ulting in the u	nderlying	cause given in	Part I.	24a. WAS AN	MITOPSY	24b W	ERE AUTOPSY FINDINGS	
a vie	PHYSICIAN: MEDICAL	d- tobacco use		.ev210		) thm			PERFORI 1 YES 2	WED?	C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
L REC	N.	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH	YES 🔯	NO [	UNCERTAI	N D			'	YES 2 NO	
TA the se me	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OF DEATH (Check	only one)							
1 2 2 2 1	HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Minpatient: 2 ER/Outpat				5 Rasidenca		or (Specify)	IIIBY OCCUR	)ED		
NG PHYSIC frer this cer eath with th	BY PI	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	1	INJURY	WO	PK? ZES 2 NO	200. DE	SCHIBE HOW IN	JUNY OCCUP	IED		
TISIC NTTENDI STOR: A after d after d	0	3 Suicide 6 Could not be datarmined	28n. PLACE OF INJURY — building, atc. (Specify	At home.	, farm, street, la	tory, office	1		ATION (Street ar or Town, State)	nd Number or	Rural Rou	te Number,	
DIV L DIREC L DIREC L DIREC L DIREC	PE	29a. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of my knowled	dge, death	occurred at the	time, data	and place, and du	n to the ce	use(a) and mann	ner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPLETE		: On the basis of examination								ause(a) a	nd manner as stated.	
THE HOSPI THE FUNEF filed within PORTANT:	BE	210. SIGNATURE AND THE OF CERTIFIER					29c. LICENSE NU					lonth, Day, Year)	
2 6 8 ₹	0	Way 12/	_ , m				Johns Hop	Kins I	1) # W 2524		1/9	195	

BALTIMORE, MD 21287

600 N. WOLFE ST.

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DAVID KAUFMAN

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TOF After this certificate has been signed by the attending physician and completely filled in ye the further death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in age of may be received by the nospital of alternating properties.	neral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should		miner must be notified at once.
生命	the state of the s	nd completely filled in by the funeral director, page	burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	VEAD	3. TIME OF DEATH
	HENRY MICHAEL	BURNHAM				JÄNÜAI	RY 8,	1995	1:55 pm
	4. SOCIAL SECURITY NUMBER 213-14-9503	1 XXM 2 □ F 88	MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De Septemb	v. Ybar)	Cou	THPLACE (State or Foreign aryland
DIRECTOR	99. FACILITY NAME (If not institution, give of the state				R LOCATION OF DEA	ATH		DEATH ORE	
EC	10e. STATE 10b. COUNT	γ	10c. CITY, T	OWN OR LOCAT	ION				10d, INSIDE CITY
IL DIF	Maryland 100. STREET AND NUMBER	Baltimore	To	vson Lior	ZIP CODE			10a. CITIZEN OF	1 YES 2 XNO
FUNERAL	500 Virginia Ave	nue	W. 1. 2. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		21286			USA	
BY	1 Never Married 2 W Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMEO 2 X NO ATES	If yes, sp	ENDENT OF HISPANI bolfy Cuban, Mexican XIX NO Specify:	, Puerto Ricer		Blo	CE — American Indian, lock, White, etc. ectly: White
	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S USI (Give kind of work	JAL OCCUPATIO	N st of working	16b. KIN	D OF BUSIN	NESS/INDUSTRY	1111100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Machinis	tired.)	a or working	St	eel		
Š	17. FATHER'S NAME (First, Middle, Last)		7100111111		18. MOTHER'S NAM			imame)	
BE	Henry Clay Burn	ham				lia Ma			
ဝ	19a. INFORMANT'S NAME (Type/Print)	Duranham			Avanue T				1206
	Margaret Brooks 20a. METHOO OF DISPOSITION	20b	PLACEANO DATE OF D	-	Avenue T	OWSOII,		YICHU Z	
	1 N Buriel 2 Cremation 3 Ram 4 Doubtion 5 Other (Specify)	DY	netery, crematory or other ruid Ridge	place)		1/12			,MarylaND
	21. SUMATURE OF FUNERAL SERVICE LY		65	22. NAME AN		Mitche	211-W:	iedefel	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIRA	ach lina. TORY F	enter the mo	de of dying, such	ss cardiac	or respira	itory srrest,	Approximate Interval Between Onset and Death
2		AORTIC	STENO	212					5 years
CATIC	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	COPD COPD	CONSEQUENCE OF):						10 years
RTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CIGARA	CONSEQUENCE OF):	OKING	7				10 years
S	PART ii. Other aignificant condition	as contributing to death b	ut not requiting in t	ha undariulas	cause alves le E	Port I Ton	MMO AN A	толог Та	
MEDICAL	CORONARY NETT	RY DISEASE	-		cause given in r		YES 2	E07	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT	DIDLITE TO CALLSE O	E DEATH VEC	NO [	LINICEDTAIN				1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (		UNCERTAIN				
SE	EXAMINER?	HOSPITAL: 1 // Inpetient 2 - ER/Outp		THER: Nursing Home	5 - Residence 6	Other (Spi	ecify)		
PHY	27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT	28d. DESCRIE	E HOW INJ	URY OCCURED	
B	2 Accident Investigation	28a. PLACE OF INJURY		M 1 🕞 7					
	3 Suicide 8 Could not be 4 Homicide detarmined	building, atc. (Spec	sily)	t, tactory, onica		City or To	N (Street and vn, State)	d Number or Rure	Route Number,
COMPLE		ICIAN: To the best of my knowl	edge, death occurred at	the time, data	and place, and due t	o the cause(s)	and manne	er es atated.	
O.	one) 2 MEOICAL EXAMINE	R: On the basis of examination	n end/or investigation, in	my opinion, de	ath occured at the ti	lme, date and	place, and	due to the ceuse	(s) and manner as atated.
O BE	296 GIGNATURE AND TITLE OF CENTIFIED	lan us			29c. LICENSE NUME D2501		2	P L 8	9 S (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WAS	O COMPLETEO CAUSE OF OE	SUBSA H	KLFOR	D RO	BALTI	moe	+	21234
	31. DATE FILEO (Month, Day 1995	Jal 32 dissolute da	roballi						•

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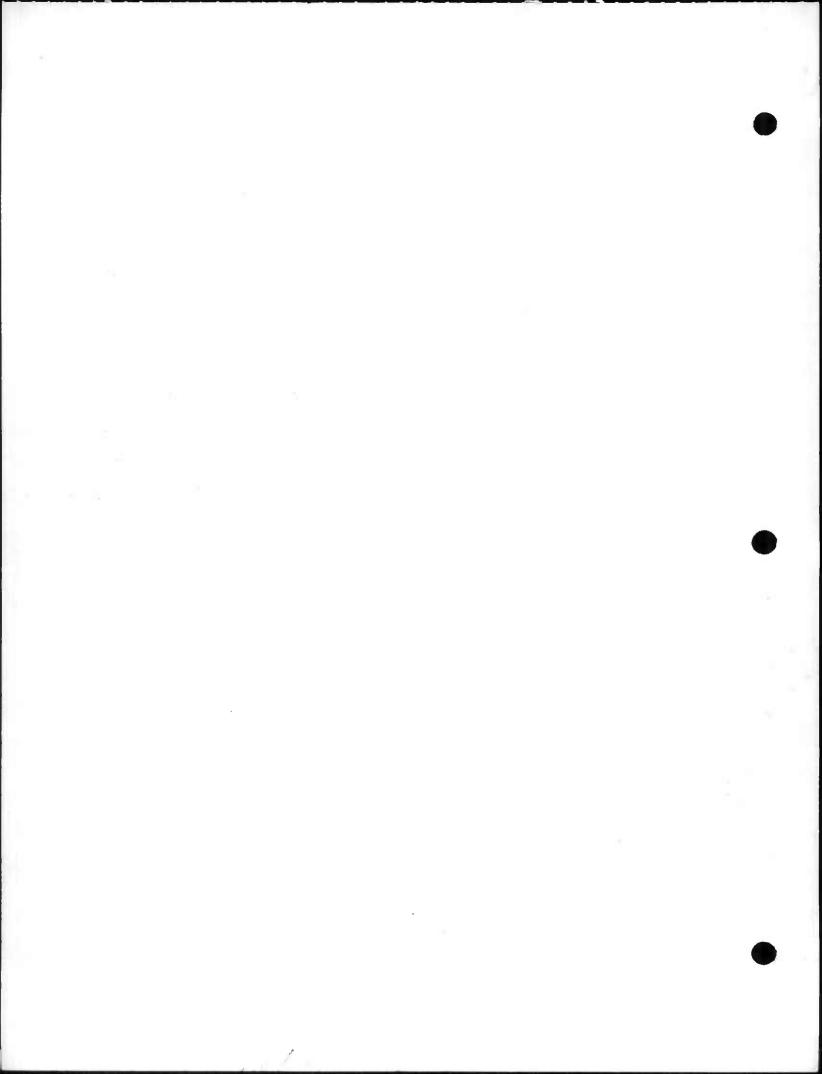
inter, or tem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 6870

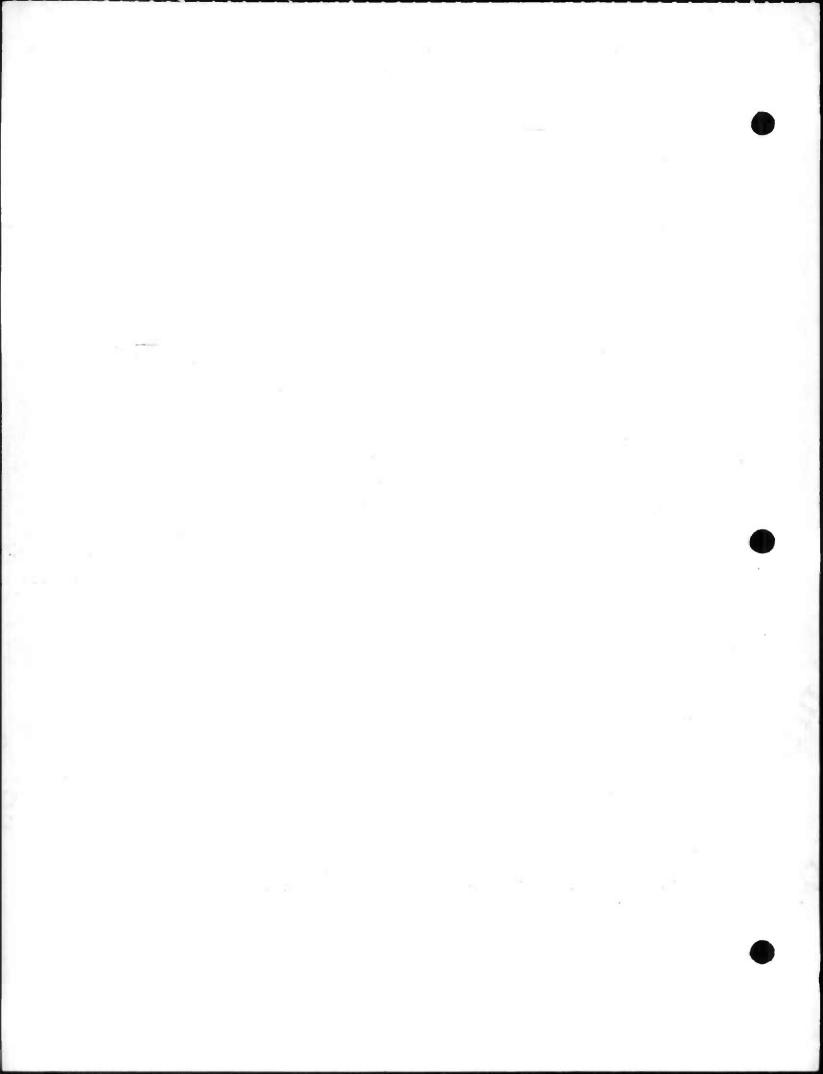
The street signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. TO THE HOSPITAL OR ATTENDAGE TO SUCHAIN THE LOS REQUIRES that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR WHEN THIS be filed within 72 hours after adjusting IMPORTANT. If from 34 is market

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
CEDENT'S NAME (First Middle I ant)			

	1 - STATE REGISTRAR	SIAIE OF MA	RYLAND / DEPA CERTI					MEN1	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- CA			ATE OF DEATH			3. TIME OF DEATN
3	Wilford Thomas	Culley	7						[ - 10 ~		995	м
			. AGE (In yrs. lest birthde)	) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	(M	TE OF BIRTH onth, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign ry)
	214-22-0062 1  9e. FACILITY NAME (If not institution, give stree	M 2 F	68 YRS.	05.017	Y TOWN O	R LOCATIO	201 05 05	_	-11-27			aryland
E E	Union Memorial		1				1-0%			9c. COU	NTY OF C	DEATH
CTO	RESIDENCE OF DECEDENT	nospita	<u></u>	B	arti	Lmor	е,	MD				
DIRECTOR	10e. STATE 10b. COUNTY			ITY, TOWN								10d. INSIDE CITY LIMITS?
	MD 10e, STREET AND NUMBER		B	<u>alti</u>	_	ZIP CODE				40 015		1 XYES 2 NO
FUNERAL	3006 Wylie Ave				1 "		215			10g. CI I		
S	11. MARITAL STATUS	2. WAS DECEDENT E		13.	WAS OEC	ENDENT O	F HISPAN	NIC ORI	GIN? (Specify Yes	or No-	USZ 14. RACI	E — Americen Indien, k, White, etc.
BYF	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 17	or pates 1/28/50			pcify Cuber 2√ NO			to Rican, etc.)		Spec	ffy:
	15. DECEDENT'S EDUCAT	ION	180. DECEDENT	'S USUAL O	OCCUPATIO	NAC NAC		1	16b. KIND OF BUS	INESS/INI		Black
COMPLETED	(Specify only highest grade cor Elementary/Secondery (0-12)	mpleted) College (1-4 or 5+)	(Give kind o	of work done	during mo-	st of workin	g		TOOL KIND OF DOS	III SSTINE	JOSINI	
MPL	10th		Dri	ver	_		_					
	17. FATNER'S NAME (First, Middle, Last)								st, Middle, Meiden S	,		
BE	Odell Culley  190. INFORMANT'S NAME (Type/Print)								Denni			
6	Octavia Webb								umber, City or Town			
	20a. METNOO OF DISPOSITION 2 Duriel 2 Cremetion 3 Remova	7 - 2 - 1 70/75-	20h PLACE AND DAT	E OF OISPO	SITION (No	mo of			ATE 200 100	ATION	City of To	wn, State
	4 Donation 5 Other (Specify)	- A	Garrison	other place	rres	t Ve	et.	1/	13/95	Owi	ngsN	Mills,MD
i	21. SECHATURE OF FUNERAL SERVICE LICEN	SEE		22	MAME AN	ID ADDRES	SE OF EA	CHITTY				al Home
	Denuk (	J. 1	omer		4611	Pai	ck I	Igh	ts. Av	e. I	Balt	o.,MD 2121
CERTIFICATION	shock, or heart failure. Lis  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AR AS A CONSEQUENCE  R AS A CONSEQUENCE  R AS A CONSEQUENCE  CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	MANC OFF:	dong	el-o star in unho	hed adir	g H	obalete, 1994 de ZAER.	C VD mel su Lugn	nei F	interval Between Onset and Daeth
MEDICAL	PART II. Other aignificant conditions of the con						errain	<u> </u>	24a. WAS AN A PERFORI 1 YES 2	WED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA		IOSPITAL:	26. PLACE OF DE	OTHE	R:		/					
PHYSICIAN:	1 YES 2 NO 1 27. MANNEB OF DEATH	Inpatient 2 E	R/Outpetlent 3 DOA  JURY 28b. T	4 🗆 Nu	28c. INJ	ION AT		_	ther (Specify) DESCRIBE NOW IN	Blev oo	CURER	
	1 Natural 5 Pending	(Month, Day,	Year) II	NJURY	WO 1 N	RK? /	ND ND	280. L	JESCHIBE NOW IN	JUHT OC	CONED	
TED B	72 Accident Investigation 3 Suicide 6 Could not be determined		NJURY — Al home, term (Specify)	, street, fac	tory, office	•			OCATION (Street er lifty or Town, State)	nd Number	or Rural F	Route Number,
сомрсетер ву	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (		knowledge, death occunination end/or investiga									end menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	- /				29c. LICE						(Month, Day, Yeer)
TO B	M. Salem	of M.D.				M	rog	23		<b>•</b>	01-	12-1995
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	BALTIMO	ORE	ns	) -						
	JAN 1 2 1995	The Street	ALGE ATTACE									



	G	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)	Ailer	AkA	Cook		2. DATE OF CEATH MONTH D	DAY YEAR	3. TIME OF DEATN
		CLAIBORNE A	C001	KE			JAN. 10	, 199	5 3:00 A. M
Þ		217-12-9678	M 2 □ F	72 yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	SEPT.19,1	.922 MA	HTHPLACE (State or Foreign ARELAND
1, 2, 3 should	стов	9a. FACILITY NAME (If not institution, give stree  STELLA MARIS HI  RESIDENCE OF DECEDENT				WSON, MD	EATH	9c. COUNTY OF BALT	FEATH
permit, Pages 1	DIRE	MARYLAND 10b. COUNTY	n/a	10c. CI1		LTIMORE			10d. INSIDE CITY V. LIMITS? 1 TYES 2 NO
isi	FUNERAL	1525 PENTRIDGE				21239		UNITED	
as the burial-t	B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF NISPAI pecify Cuban, Mexica S 2 7 AO Specif	NIC ORIGIN? (Specify Yes, Puarto Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify: BLACK
for use	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION umpleted) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u		ION lost of working ERK	GENERAL		MOTORS
\$ & &		17. FATHER'S NAME (First, Middle, Last) EDWARD AILER	,				ME (First, Middle, Malden	Surname)	
be f should a notified	TO BE	19a. INFORMANT'S NAME (Type/Print) EVELYN M. C	00KE	196. MAILING 1525	PENTRI		Aoute Number, City or Tow	vn, State, Zip Code) RE, MD	21239
Page 6 may be director, page ner must be r		20a. METNOD OF DISPOSITION t	al from State	PLACE AND DATE	OF DISPOSITION (NO CE	METERY		INGS M	
ter death, P the funeral wal.	10	21. SIGNATURE OF FUNERAL SERVICE LICEN  MARCH EAS	Alme	takk	mallo1	E, No.	h wews		
certificate be executed within chours diding physician and completely filled in thygiene prior to burial, cremation, or rethygiene prior to burial, cremation, or rethy the traumatic event, the median other traumatic event, the median context and	RTIFICATION	23. PART I. Enter tha diseases, or conshock, or heart feiture. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Colon Ca	CONSEQUENCE O	oin; Ús	oda of dying, suc	h an cerdiec or resp	iratory arrest,	Approximate interval Batween Oneet and Death Tysus 10 mon 2 2 2 mon 2
SIGIAN: The law requires that the death scartificate has been signed by the after the State Dept. of Health and Mental , or Hem. 23 shows any injury, or	MEDICAL CE	PART II. Other significant conditions of	contributing to deeth bu	t not resulting	in the underlyin	ng ceuse given in	Pert i. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
V: The law re icate has bee State Dept. o item 23 sh	SICIAN:	DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2		TH (Check only one,		v 🗆		
or it	YSI	1 - YES 2 X NO 1	OSPITAL: Inpetient 2 ER/Outpet	tlent 3 DOA	OTHER: 4 - Nursing Non	ne 5 🗌 Residence	6 (XOther (Specify)	HOSPIC	lE.
PHY this with	ву рну	27. MANNER OF CEATN  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE NOW I		
TTENDI TTOR: A after di	<u>a</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specifi	– At home, ferm, y)	atreet, factory, offic	ca	28f. LOCATION (Street City or Town, State)	and Number or Run )	al Route Number,
A Z Z E	COMPLET		N: To the best of my knowle On the bests of examination						e(a) end manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER  **ENGLOBER**  30. NAME AND ADDRESS OF PERSON WHO CO	Farlka	eine		29c. LICENSE NUM	043	29d. OATE SION	IED (Month, Day, Year)
		DR. KENDALL FAUL				RD., TOW	SON, MD 2	21204	
		31. DATE FILED (Month, Day, Year)  JAN 12 1995	32. REGISTRAR'S SIGNAT	TURE CONFROND					

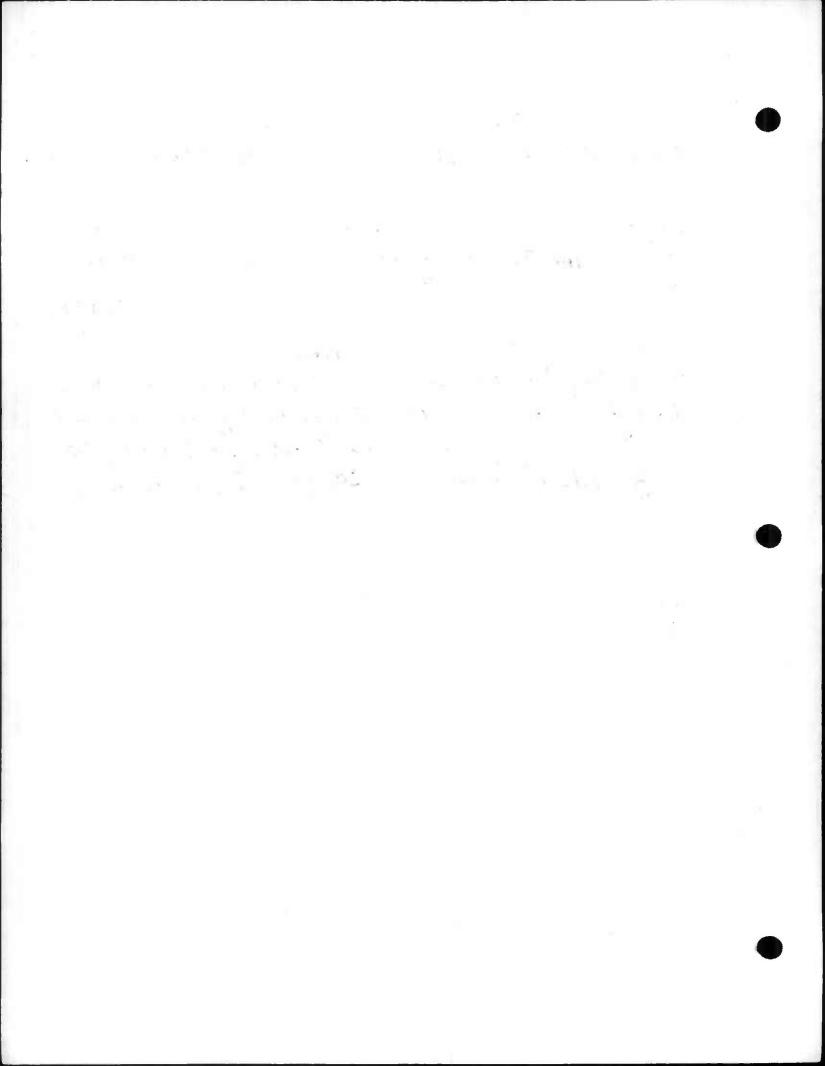


ITEM: 23 PART II, PER MEO FILM G-722 4/15/95 t.t ITEMS: 23 PART I,27, PER MEO G-720 2/9/95 reb

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 95 SAMUEL CONYERS JAN 05 5:08 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fo 7. DATE OF BIRTH 4-030 North Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GOOD SAMARITAN HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 | NO permit. FUNERAL T AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. avenue 21206 retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 2 Man Il yes, specify Cubi IF YES, GIVE WAR OR DATES Specify: BY ved 4 Divorced ETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ge (1-4 or 5+) Unemploy COMPL once. notified at ony BE 19b. MAILING ADDRESS (St 2 1505 Page 6 may be 9 HSPOSITION 20b. PLACE AND DATE OF DISPOSITION must Cremation 3 the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN hours after death. 23. PART I. Enter the diaeasea, or complications that caused the death. Do not enter the mode of dying, such Approximats ahock, or heart failure. List only one cause on each line Interval Bety IMMEDIATE CAUSE (Final Onset and Death disease or condition CIRRHOSIS OF THE LIVER ASSOCIATED WITH ASCITES AND HEMOPERITONEUM requires that the death certificate be executed within traumatic event, resulting in death) VISION OF VITAL RECORDS, P.O. BOX 68760 OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DF) If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF) that initiated events reaulting in death) LAST 6 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO ATHEROSCLEROTIC CARDIOVASCULAR DISEASE any COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES □ NO □ UNCERTAIN □ Dept ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) this certificate h HOSPITAL OTHER: 1X YES 2 ND ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 10 28a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c, INJURY AT TIME DE marked, 28d. DESCRIBE HOW INJURY OCCURED 1 XX Natural 1 YES 2 ND BY After death 2 Accident 28a. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide .69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be ECTOR: / after 4 Homicide 28 datarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated, 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ▶ JAN 6,1995 O.C.M.E. 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAKIO 201/10 111 Penn Street, Baltimore, Maryland 21201

32. REGISTRAR'S SIGNATURE

2



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

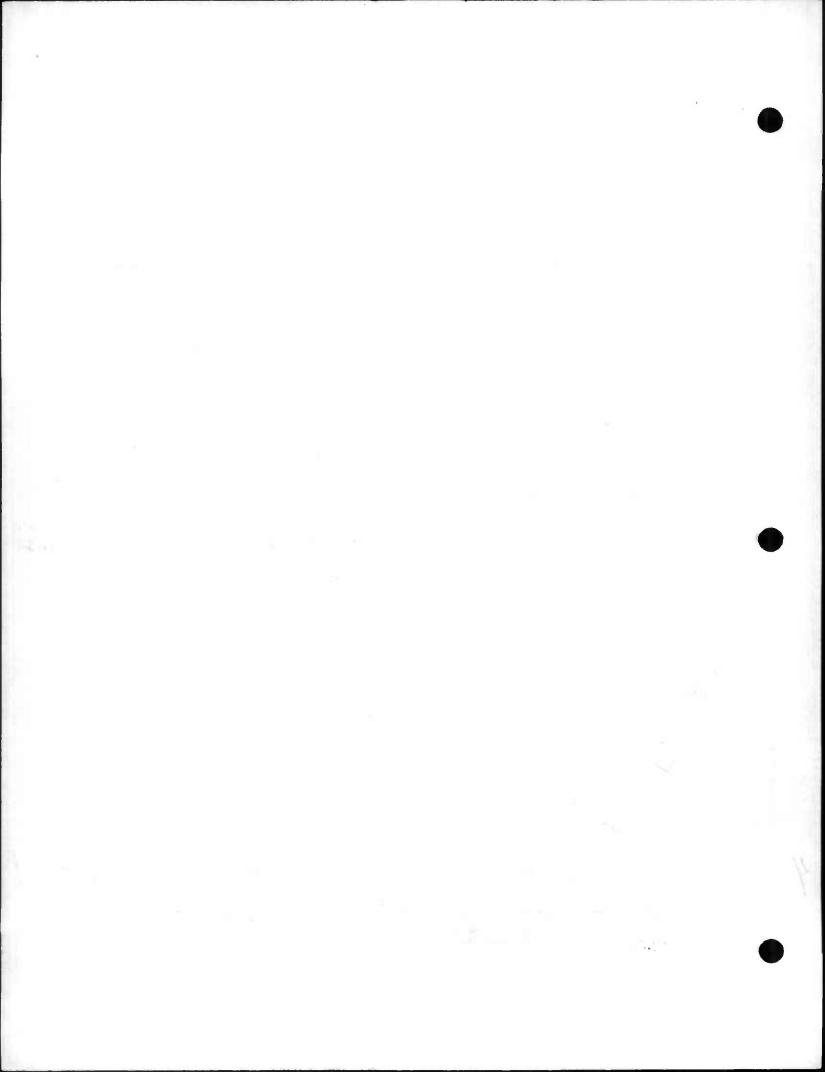
	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT				MENTAI	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEA	-	2. DATE	OF DEATH		3. TIME	OF DEATH
	Ruth C. Campbe								Janu	OF BIRTH	199	BIDTHIN ACE /	06:43 AM
3		1 🗌 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	0801	4=1908	3 P	ENNSY	LVANIA
<u>~</u>	9s. FACILITY NAME (If not institution, give stre						R LOCATION		EATH			OF DEATH	
2	North Arundel H	Hospital	Associa	tior	<u> </u>	len	Burn	ie			Anne	Arunde	21
DIRECTOR	MARYLAND ANI	NE ARUN	וחפו	10c. CIT	Y, TOWN		ION N BU	DNT	F			LIN	IDE CITY
	10e. STREET AND NUMBER	NB ARON	1000				ZIP CODE				10g. CITIZE	N OF WHAT COL	IS 2 NO
FUNERAL	102 CRAIN HIGHW						210					U.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 VN	WED O		If yes, spi	ENDENT O	n, Mexica	n, Puerto P	? (Specify Yes lican, etc.)	or No— 14	Specify: WH	etc.
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(G/	ve kind of	USUAL O	CCUPATIO	IN st of workin	a	18b.	KIND OF BUS	INESS/INDUS		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) Web. Do NOT use retired.)  8 NONE TEECHER Teacher MUSIC												
BE CO	17. FATHER'S NAME (First, Middle, Last) MARCUS	WEAVER	3					NNI		fiddle, Maiden S		ESHEL	L
TO B	19e. INFORMANT'S NAME (Type/Print)									er, City or Town			01744
	MRS. RUTH C. HE	ERRICK	20b. PLACE A									Y L A N L	21144
	1 XBuriel 2 Cremation 3 Remov		cametery, cres	natory or o	ther place!								MARYLA
	21. SIGNATURE OF SWIERAL SERVICE LIGHT	NSEE			1	SEC	D ADDRES	AVI	ENUE		TON E	FUNERA	L HOME
TION	23. PART I. Enter the diseases, or co- shock, o heart fallure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)  b. Sequentially list conditions, if any, leading to immediate	ACUL DUE TO (0	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	UEMCE O	) (a:							Int Or	proximate arvai Batween seet and Daath
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.	OUE TO (C	DR AS A CONSEO	UENCE O	F):								
PHYSICIAN: MEDICAL	PART II. Other significant conditions  Outell		leath but not re	eulting	in the un	dariying	cause g	iven in I	Part i.	24a. WAS AN / PERFORI	MED?	COMPLET OF DEATI	
N	DID TOBACCO USE CONTRI	BUTE TO CAU	ISE OF DEAT	TH YE	S 🗆 1	40 🗆	UNC	ERTAIN	110			1 1 72	3 2 NO
ICIA		HOSPITAL:			OTHER								
HYS	1 ☐ YES 2 ☐ NO 1  27. MANNER OF DEATH	26e. DATE OF II	YJURY	28b. TIM	E OF	28c. INJU	JRY AT	sidence	6 Other	(Specify) CRIBE HOW IN	JURY OCCUR	FO	
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day	( Year)	INJ	M	WOI	RK? ES 2 _	NO					1
	3 Suicide 6 Could not be 4 Homicide datermised	28e. PLACE OF building, at	INJURY — At honic. (Specify)	ne, ferm, s	street, facto	ory, office			281. LOCA City o	TION (Street er or Town, State)	nd Number or	Rural Route Numi	ber,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA One) MEDICAL EXAMINER:											ause(e) end men	ner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Aft	wh-f				29c. LICE	NSE NUM	BER 177	6	29d. DATE S	GNED (Month, D	ny, Ybar)
É	30. NAME AND ADORESS OF PERSON WHO CO					Ave.	, Ba	ltim	ore.	MD 21:	225		
	JAN 12 1995	20 DESERVED A DE	S SIGNATURE						,				

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BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physic	DIBETTO. After this confidence has been closed by the attending abusiness and committee to the the decision and discount discount discount of the tenth of the te
BAL	hours after deat	and has then done
	74	Ell.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	The law requires that the death certificate be executed within	to har heen righed by the attending obscietor and completely
DIVISION OF VIT	OR ATTENDING PHYSICIAN: TI	DIBECTOR After this partificate

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10,1995 Jo Clare Cochran January 3:00P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F DAYS HOURS YRS November 197-07-8011 82 Pennsylvania 1912 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4221 Harcourt Road Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE Baltimore 10d. INSIDE CITY MD 1X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 4221 Harcourt Road 21214 U.S.A attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, etc. 1 TES 2 NO Specify: White BY Specify: 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only hig College (1-4 or 5+) 12 Supervisor Bendix Corporation 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) 76 George Washington Cochran Adelaide Doucher BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nelda S. Cochran 4221 Harcourt Road Balto. MD 21214 9 20a. METHOD OF DISPOSITION
11 Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Oulaney Valley Mem. Cemetery 01/13/95 4 Donation 5 Other (Specify) Balto. MD examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home Inc. marlin 7110 Belair Road Baltimore, Maryland 21206 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each lina. cremation, or r Interval Bety IMMEDIATE CAUSE (Final Onaet and Daath trillene disease or condition resulting in death) traumatic event, DUE TO JOR AS to burial. CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CO if any, leading to immediate prior cause. Enter UNDERLYING CAUSE (Disease or Injury other Hydiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atte injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 AND 1 | YES 2 | NO t. of s certificate has bee ith the State Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 NO BY After Investigation 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: It Item 28 is m 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. (Check only one) 2 MEDICAL EXAM ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CE 8 29d. DATE SIONED Manth, Day, Mary 405 2 30. NAME AND ADDRESS OF PERSON ED CAUSE OF DEATH (ITEM 27) (Type

31. DATE FILED (Month, Day, Year)



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DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 smoval.	ileal examiner must be notified at once.	SECTION 14 COLOR DE CE
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PRESIDENCE THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MARK ENDECTOR Are this configurable to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, with the first will the State Day. of Health and Mental Hygiene prior to burial, cremation, or removal.	ALE A lien 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN. MEDICAL CEPTIFICATION

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	FOR STATE REGISTRAR		STATE OF N	MARYLA	ND /	DEPAR RTIF	TMEN	T OF H	EALTH DEAT	AND I	MEN	TAL HYGIEN					
	1. DECEDENT'S NAME (First, I	Middle, Last)					:				2. D/	ATE OF DEATH			1 TIME	OF DEATN	
	GEORGIA		DANI	ELS							MC	anuary	wy 3, 19	YEAR	3. 11	OF DEATH	M
-1	4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (II	n yrs. lest	birthday)		R 1 YEAR	IF UNDER	24 HRS.	7 D4	TE OF BURTH		6. BIRT	NPLACE (	State or Forei	ign
	224-12-0448		1 🗆 M 2 🔀 F	7	7	YRS.	MONTHS	DAYS	HOURS	MIN.	ΑP	R. 25, 1	917	S.	Caro	lina	
	9a. FACILITY NAME (If not inst	titution, give s	treet and number)				9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. CO	UNTY OF	DEATN		
	1609 N. CAR		STREET					BALT:	EMORE	S				N/A			
	RESIDENCE OF DECE	10b. COUNTY	,					- V-10	100								
	MD	N/						OR LOCAT	ION						LIN	NOE CITY	
	10e. STREET AND NUMBER							1404	ZIP CODE		_				41	8 2 N	0
	1609 N. CAI	ROLINE	E STREET					101.	2121					U.S.		UNTRY?	
	11. MARITAL STATUS 1 Never Married 2 M	farried	12. WAS DECEDEN FORCES? 1	YES	24 N		13.	If yes, spe	cify Cubar	F NISPAN	IIC ORI	OIN? (Specify Yerto Rican, etc.)	e or No-	14. RAC Blac	E - Amer	icen Indien,	
	3 ₩ Widowed 4 Divorce	ed	IF YES, GIVE W	AR OR DA	TE\$ ^			1 TYES	2X NO	Specify	e:			Spec		ACK	
	(Specify only i		CATION completed)		16a. DEC	EDENT'S	USUAL C	during mos	N It of working	g		16b. KIND OF BU	SINESS/II	NDUSTRY			
	Elementary/Secondary (0-1 12th		College (1-4 or 5 o			sewi!						(in c	wn h	ome	)		
	17. FATNER'S NAME (First, Mich	dle, Lest)	,						16 MOTH	ED'O MAI	ME (E)	st, Middle, Maiden	C			_	
	Walter Brown	n						_				Davis	Somethe)				
	19e. INFORMANT'S NAME (Typ	ne/Print)			19b.	MAILING	ADDRES	S (Street o	nd Number	or Rural R	loute N	umber, City or Tox	rn. Stetn. 2	Zio Gode)			
	Azilee Morg											bia, MI					
	20e, METHOD OF DISPOSITIO	N .						SITION (Na	ne of		D	ATE 20c. LC	CATION -	- City or To	own, State		
1	4 Donation 8 Dther (S	Specify)		_ ceme	ETTAI	Riory of 91	TLL Co	CEM	ETER'	Y	1-	-13 AN	INE	ARUN	IDEL	СО,	MD
ı	21. SIGNATURE OF FUNERAL	MERNICE LIC	ENSEE	1		)		NAME AN									
	150	mi	the	33	h	nel	$\rightarrow 1$	101	E. NO	ORTH	AV	ME EAST 'ENUE/B <i>I</i>	LTIM	MORE,	MD	21202	
	23. PART I. Enter the dis- ahock, or hee	easee, or c	omplications the	ceused se on se	the dea	ith. Do n	ot ente	r the mod	de of dyla	ng, such	1 00 C	erdiec or reep	iratory e	rrest,	Ap	proximate tervai Betv	
1	IMMEDIATE CAUSE (Fine		- 1				^	(1			- (	1 .				set and D	
ľ	disease or condition resulting in death)	•						Cola	n -	ma	21a.	static				7/94-	2416
		<u> </u>	Ana	OR AS A		UENCE OF	7):								19/0	93 1/2	north
	Sequentially list condition if any, leading to immedia	ate	DUE TO	OR AS A			7:									0 100	GT ATT
	cause, Enter UNDERLYING CAUSE (Disease or injury																
	that initiated events resulting in deeth) LAST		DUE TO	(OR AS A	CONSEC	UENCE OF	7:										
- 16																	

PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 TYES 2 NO

29d. DATE SIONED (Month, Day, Year)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Nome 5 Residence 8 Other (Specify)

28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED М

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
(Check only)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated.

One)

2 MEDICAL EXAMINES: On the best of examination end/or investigation in the cause of examination end/or investigation.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

29c. LICENSE NUMBER

1245037

Bruco 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 1 2 1995 Fulia di Rucia Charlelle

1 VES 2 NO

2 | Account
3 | Suicide | 8 | Could not be determined

27. MANNER OF DEATN

1 Natural

2 Accident

TO BE

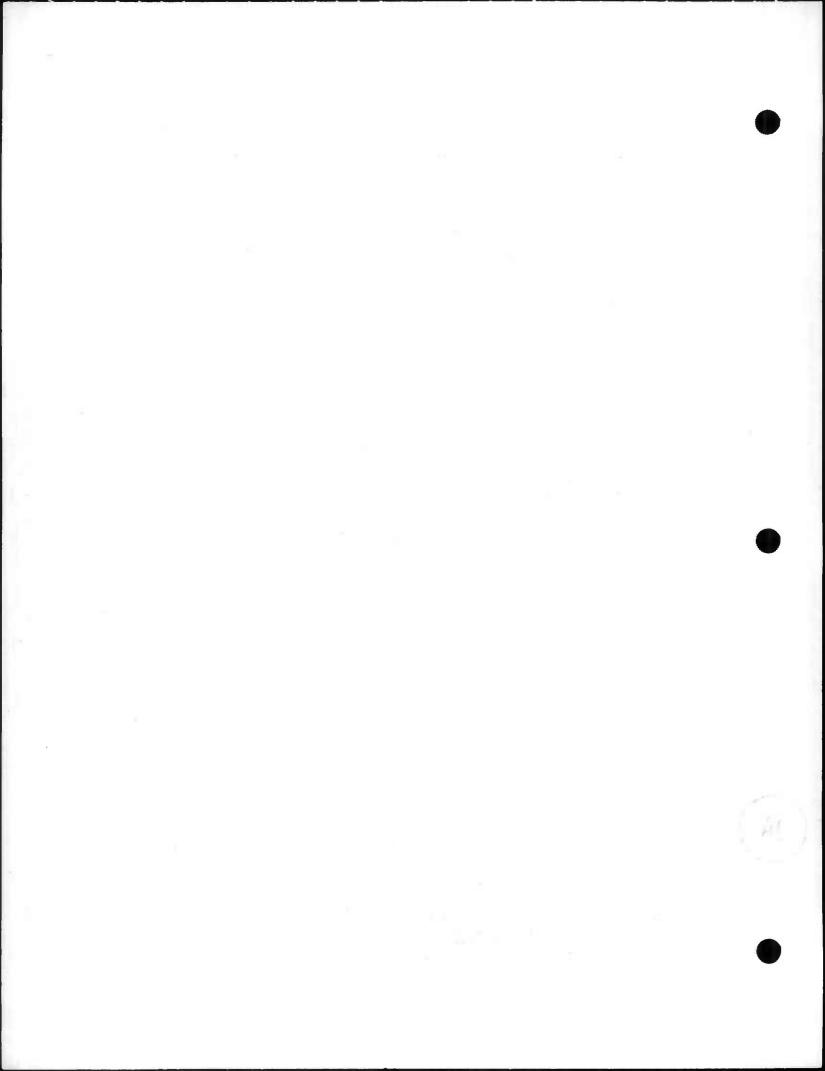
TO THE MENTAL OR ATTACONE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 WISIDIN OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

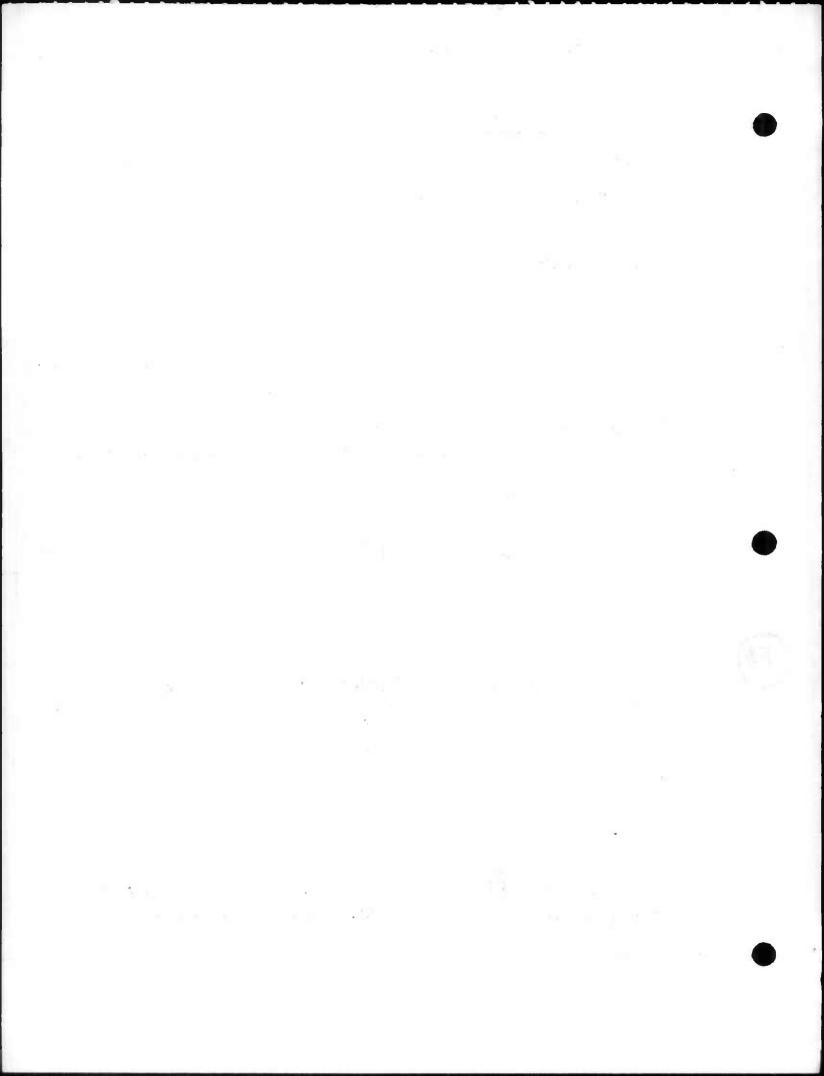
					OAT L	<u> </u>	JEAI		HEG	. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)  CATHERINE (NMN)	Dos	STELL	7.					JANUAF		, 1995	3. TIME OF OEATH
									JANUAR	(X II.		M
	4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. last b		IF UNDER 1 YE	_	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H ar)	Coun	HPLACE (State or Foreign
	073-28-7527 1 D M 2 [		91	YRS.		""   '	- COMS	merry.	04-15-	1903	NEW	"YORK
	9e. FACILITY NAME (If not institution, give street end numb	er)		1	9b. CITY, TO	WN OR	LOCATIO	N OF DE	ATH	9c.	COUNTY OF	DEATH
e l	NORTH ARUNDEL HOSP	ITAL			GLE	N	BUR	NIE			ANNE	ARUNDEL
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY											
DIRECTOR	10c. CITY, TOWN OR LOCATION  MARYLAND ANNE ARUNDEL GLEN BURNIE										10d, INSIDE CITY LIMITS?	
		TONDE	<u> </u>		1757/	DUI	KMTI	Ľ.				1 TES Z NO
₹	10e. STREET AND NUMBER	-					IP CODE			100		WHAT COUNTRY?
FUNERAL	430 D STARWOOD DRIV	E				4	2106	T			U.S	S.A.
5		PEOENT EVER	IN U.S. ARME	ED	13. WAS	DECEN	DENT O	F HISPAN	IIC ORIOIN? (Speci	ty Yee or N	o- 14. RAC	E — Americen Indien, k, White, atc.
BY		DIVE WAR OR					ŬNO.			-)	Spec	
	24											WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18e. DECE (Give	kind of wo	SUAL OCCU rk done durin retired.)	PATION g most	of working	9	16b. KIND O	F BUSINES	S/INDUSTRY	
٣	Elementary/Secondary (0-12) College (1-4	or 5+)			retired.)				1			
Mg	12 N/A		CLE	RK					PUBL.	ISH (	COMPA	NY
8	17. FATHER'S NAME (First, Middle, Last)	_				- 1			ME (First, Middle, M			
H	MATTHEW TAGGAR	T						OSE			MALLO	
0	19e. INFORMANT'S NAME (Type/Print)		19b. R	MAJLING A	DDRESS (St	reet end	Number	or Rural F	loute Number, City o	r Town, Sta	te, Zip Code)	19945
	MARY McCLELLAN		RT	• #T	, во:	X H	L A	TT8,	FRANK	FORE	), DEL	AWARE
	20a METHOD OF DISPOSITION 1 IN Buriel 2 Cremellon 3 Removal from Sta	20	b.PLACE ANI									own, State N.Y.
	4 Donation 8 Dother (Specify)		CALVA	ARY					1995   I			ND CITY,
- 1	21. SIGNATURE OF FUNERAL DERVICE LICENSEE				22. NAN	E AND	ADDRES	S OF FAC	SING	LETO	N FUN	ERAL HOME
- 1	· 15 Vella	~			I SE	ECO	ND	AVE	INUE, S	. W .		
-	23. PART I. Enter the diseases, or complication	a that cause	ed the deat	Do	GLE	N E	BURN	IIE,	MARYL	AND	21061	
- 1	ahock, or heert fellure. List only on	e cause on	eech line.	II. DO 110	C OTHER CITE	mode	oi dyli	ig, auci	1 as cardiec or	reapiretor	y arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease pr condition		0		•							Onset and Death
	resulting in death)	verl	Thei	um	one	ع						
ļ.	D	JE TO (OF AS	A CONSEGUI	ENGE OF:		+	*					
중	Sequentially list conditions.	acha	lal 1	LOK	sur	rle	-071					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	JE TO (OR AS	A CONSECU	ENCE OF								
일	CAUSE (Disease or Injury C.	JE TO (OR AS	ud									
ĒI	that initiated events resulting in deeth) LAST	E TO (OH AS	A CONSECUE	ENCE OF):								i 1
览	d											
	PART II. Other algnificent conditions contribution	ng to deeth	but not res	ulting in	the under	lying c	euse gl	lven in	Part I. 24a. W	S AN AUTO	PSY 24b	WERE AUTOPSY FINDINGS
MEDICAL										RFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
									—  ¹□Ÿ	ES 2 W N	°	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO	CALICE	DE DEATH	I VEC		<b>5</b> 2	LINICI	EDTAIN				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CAUSE	26. PLACE (				UNC	ERTAIN	<u> Ч</u>			
ᅙ	EXAMINER? HOSPITA				THER:	Orie)						
₹		2 ER/Out						idence	8 Other (Specify			
		re OF INJURY orth, Day, Year)	2	86. TIME (	TY .	WORK	(?		28d. DEŞCRIBE H	OW INJURY	OCCURED	
à	2 Accident Investigation						3 2 🗌	NO				
	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJUR Iding, etc. (Spe	Y — At home. ecify)	, lerm, stri	eat, lactory,	affice			281. LOCATION (S City or Town,		imber or Rural i	Route Number,
Ē.	- Homelow ustermined											
٦	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the b	eat of my know	wiedge, death	occurred	at the time,	date en	d place,	end due	to the cause(e) end	l menner e	e stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basi											end manner ee stated.
- 11	295, SIGNATURE, AND TITLE MY CERTIFIER	10.				_	9c. LICEN					(Month, Day, Year)
W	Silet Punol	MI	)			1	NI	17	562	290	1/17	195
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DE	EATH (ITEM 2	7) (500a, Pr	rint)		17	72	047		1/10/	1)
	Erik L. Russell M. N.	795	1	.(2	42	1	8	:+:	202 R	At-	1	MY JIMI
H	31. DATE FILED (Month, Day, Year) 32. BEG	STRAMIS SIGN	NATURE)		u / l	4	Ha	سرو ,	×02/0	arn	more	IDAIDAI
	JAN 1 2 1995 Julia 122. REG	ortenda	4			,	,		,		J	
	UCUL = 7 1000 //											



1 - FOR STATE REGISTRAR

		BELLE HINTEL COM	Dubus	2. DAT	TE OF DEATH	YEAR 3. TIME OF DEATH
pini			yrs, lest birthden F UNDER 1 YEAR A YRS. MONTHS DAYS	HOURS MIN. (Mo	E OF BIRTH nth, Day, Year) RCH 17,1910	
2, 3 should	стов	KESWICK NURSING HOME RESIDENCE OF DECEDENT		IMORE	9c. COUN	NTY OF DEATH
ND 21215-0020 hospital or attending physician. ached for use as the burial-transit permit. Pages 1.	ETED BY FUNERAL DIRE	100. STATE 10b. COUNTY MARYLAND	10c. CITY, TOWN OR LOC BALTI		10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
		323 HOMELAND SOUTHWAY	1	01. ZIP CODE 21212		ZEN OF WHAT COUNTRY?
		11. MARITAL STATUS  1   Never Merried 2   Merried   FORCES? 1  YES   IF YES, GIVE WAR OR DATE  12. WAS DECEDENT EVER IN U FORCES? 1 YES, GIVE WAR OR DATE	2 NO If yes, s			
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)	Be. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)  MANTACTE	nost of working	5b. KIND OF BUSINESS/IND	
YLA by the be det	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) SAMTIET. HTMELFARB	MANAGE	18. MOTHER'S NAME (First	, Middle, Maiden Sumame) GLICK	D (HORN & HORN)
IMORE, N Page 6 may be n I director, page 5 ner must be no	01	19a. INFORMANT'S NAME (Type/Print)  MS JESSE HIMELFARR  20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Removal from State Corner.	19b. MAILING ADDRESS (Street 643] FI.RAY LACE AND DATE OF DISPOSITION (#	DRIVE APT.		RE, MD 21209
		N.XBurial 2   Cremation 3   Removal from State	nsheo'emunah)ai	TZ CHAIM — 1	-9-95 BALTI	MORE, MD
S - 2 5 0		23. PART I. Enter the diseases, of complications that caused t	6010	REISTERSTOW	N ROAD BALT	
ely filled in ration, or , the me		/shork, or heart failure. List only one cause on each immediate cause (Final disease or condition resulting in death)  a. Due TO (OR AS A C	COPD	ode or dying, such as ca	rotac or respiratory am	Approximate interval Between Onset and Deatl 25 9/5
BOX 687( ) ficate be executed physician and con-	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A C c. DUE TO (OR AS A C. DUE TO (OR AS A C c. DUE TO (OR AS A C. DUE TO (O				
REC RESTREET BY THE STATE OF Health and Injury,		PART II. Other significant conditions contributing to death but Chion (C remains failure Chion (A remains failure)	not resulting in the underlying		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 MONO
	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL 26	DEATH YES NO [			
OF VITAL HYSICIAN: The lar his certificate has with the State Dep ked, or item 23	PHYSIC	EXAMINER?  1 ☐ YES 2 0 NO  1 ☐ Inpetient 2 ☐ ER/Outpett  27. MANNER OF DEATH  28. DATE OF INJURY		me 5 Realdence 6 Otl		
	ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY W	YES 2 NO	EŞCRIBE HOW INJURY OCC	
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man	ETED	3 Suicide 6 Could not be 4 Homicide determined	At home, term, atreet, factory, offi		CATION (Street and Number y or Town, State)	or Rural Route Number,
로 작전 ==	COMPL	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the basis of examination e				
TO THE HOSP! TO THE FUNEF De filed within	TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	N.	29c. LICENSE NUMBER 34 988	<b>▶</b> //	7/95
00		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		harles St.	Belto, Me	P. 21204
•		JAN 12 1995  JAN 12 1995  JAN 12 1995	Rarball			

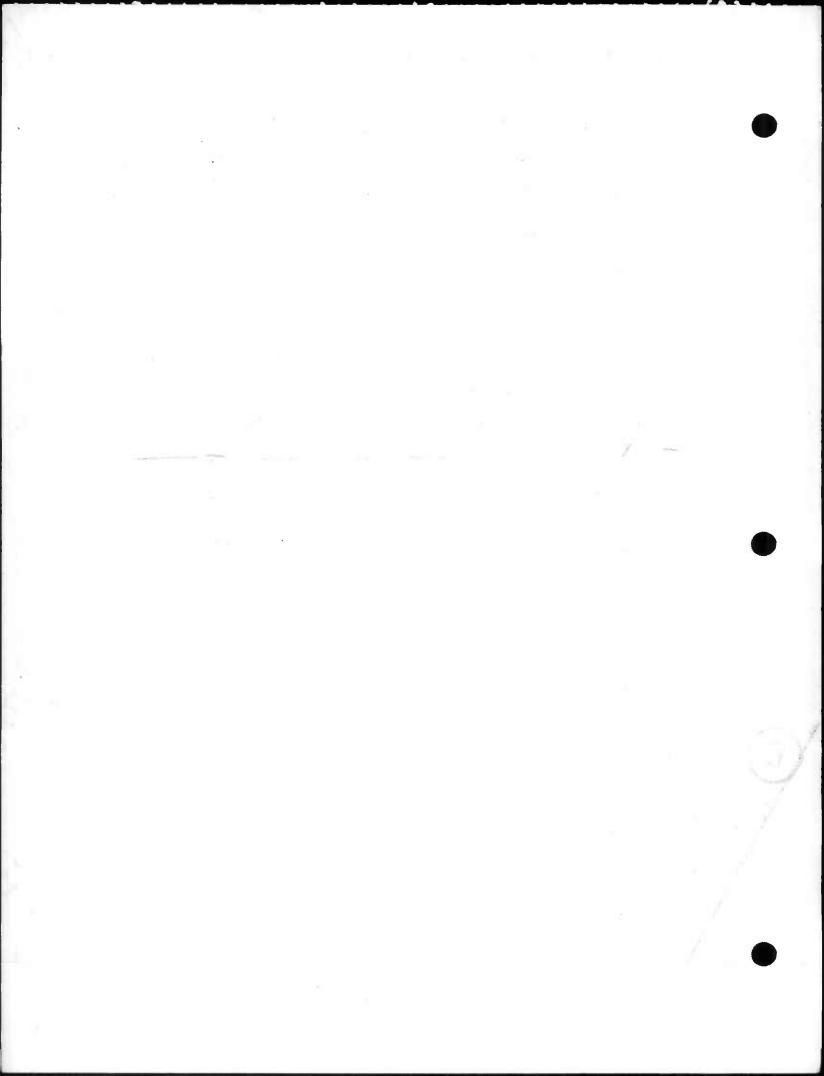
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR		CERTIF	ICATE	OF DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Lest)	CARL	E	15SE	LE, JR	2. DATE OF DEATH MONTH  January	9 1995	3. TIME OF DEATH
	i	4. SOCIAL SECURITY NUMBER 215-14-9373	5. SEX 8. AGE (1	in yrs. lest birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH	1923 8. BIRTH	PLACE (State or Foreign
poni		9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TOV	VN OR LOCATION OF D		9c. COUNTY OF DE	
2, 3 should	e l	Fallston Genero	al Hospitas	L	Bel	Ain		Hanto	nd
	ច្ច	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
mit. Page	- DIRECTOR	Md. Han	lond		Bel A	in			1 YES 2 NO
020 physician. burial-transit permit. Pages 1,	FUNERAL	406 South Tole	lgate Rd.			2/0/4		U.S.A	MAT COUNTRY?
Ding ale	g	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexico YES 27 NO Specific		14. RACE Black Specifi	- American Indian, White, etc.
215 atten		15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S (Give kind of	USUAL OCCUP	ATION most of working	16b. KINO OF BU	JSINESS/INDUSTRY	
의 후	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			Service	Rep.	B.G.E.	
Z & Z & 78 .		17. FATNER'S NAME (First, Middle, Last) Julius C. Eiss	iele, Sr.				R. Horan		
MAR be retained to 5 should notified	BE O	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ACORESS (Str	set and Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	
. 9 9 9	으	Mrs. Edith E.		406			d. Bel A		
IMORE Page 6 may all director, pa		4 Donation 3 Other (Specify)	oval from State	reenmoun	t Ceme	gandens	1/10 50	alto M	d.
BALTIMORE after death. Page 6 may 1 by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	m. du		122 NAM 11 a r 75 2	e and address of fa tley Mil	Ler Fune d Ra. Ba	ral Home	e 2/22/
ica aft	$\dashv$	23. PART (Enter the diseases, or c	omplications that caused	tha death. Do r					. 2/234
filled in on, or re		IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on ea	ich line.			CARCI		Interval Between Onset and Death
al con		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):			,	7 77(0)0
BOX 68 sate be execut hysician and c prior to buris	CEMINICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):				
O. B.C. B.C. B.C. B.C. B.C. B.C. B.C. B.		CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	F):				
, P.O. etath certificate attending protein mal Hygien y, or other	H	resulting in dasth) LAST							
(/)	- 111	PART II. Other algnificant conditions		/	. 4 4		00000		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
COR uires that signed by Health an	EDICAL	1/11	ccemia		MALI	GNANC	1 DIES	o 🗆 NO	COMPLETION OF CAUSE OF CEATN?
H Lo	Σ	RECTAL	BUEEDI				<u></u>		1 TES 2 THO
State of	AN	DID TOBACCO USE CONTR		F DEATH YE			ND		
T St E	PH TSICIAN:	EXAMINER?	HOSPITAL:	T	OTHER:				
E 30 5	Ë	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c.	NJURY AT	28d. OEŞCRIBE HOW	INJURY OCCURED	
THE RESERVE	2	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)			WORK? YES 2 NO			
DIVISION DR ATTENDING DIRECTOR: Ann hours after deat item 28 is mi		3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, lerm, s	street, fectory, c	office	281. LOCATION (Street City or Town, Stete	and Number or Rural Ri )	oute Number,
보 기 다 드	COMPLE		CIAN: To the best of my knowled: On the bests of exemination						
T 11 5 12 1	u H	296 SIGNATURE AND TITLE OF CENTIFIER		1		29c. LICENSE NUI		29d. DATE SUSPEN	
THE DO THE DE FIELD IN PORT	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (France)	Drift D	0317	775	1/9/9	75
4		Somm P.	EMAND	5	8112	An	FTON 1	ms	21047
		JAN 12 1995	32 MEGISTRAR'S SIGNA	x-hardall		7 7 1	(		



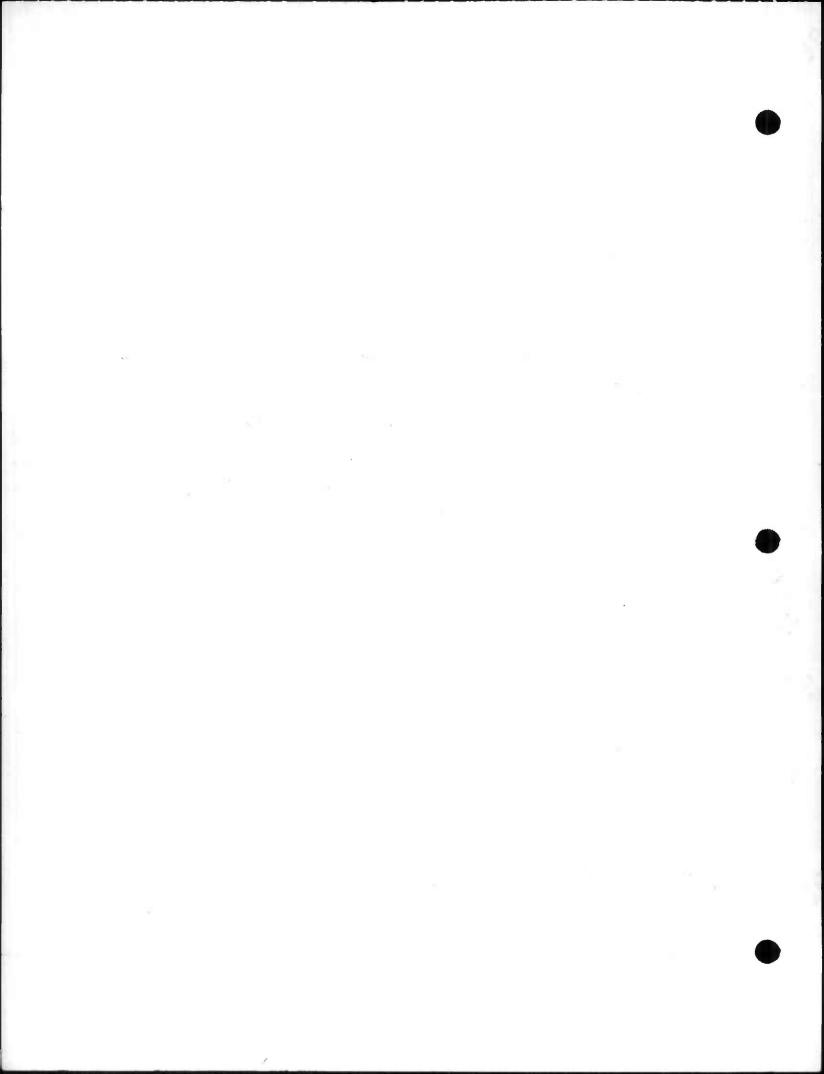
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be	within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	THE PE	be find wi	MPORTA

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERT	FICATE	OF DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last) LOTTIE	FILE		MO			2. DATE OF OEATH SAME OF DEATH YEAR 3. TIME OF DEATH				
			NNIE				JANUARY 09, 1999			02:00 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lasi birthde	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF	Pay. Year)	7	Countr	PLACE (State or Foreign- y)	
	248-42-5286  9a. FACILITY NAME (If not institution, give s		0/ 1/13				, 192			Carolina	
DIRECTOR	THE JOHNS HOP		TAL	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY					9c. COUNTY OF DEATH N/A		
E	10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR I	LOCATION				T	10d, INSIDE CITY	
	MD N/A	1		Baltin	nore					LIMITS? 1 X YES 2 NO	
AL	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN OF WHA			
EH	1516 E. Federal S	Street		21213				U.S.A.			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 X NO	If yo	S DECENDENT OF HISPA ea, specify Cuben, Maxic YES 2 NO Speci	an, Puerto Ric	GIN7 (Specify Yea or No— 14. RACE- to Rican, etc.) 14. RACE- Black, Specify:			— American Indian, c, White, etc.	
ED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed	16a. OECEDEN	CEDENT'S USUAL OCCUPATION live kind of work done during most of working			IND OF BUS	INESS/ING	DUSTRY		
COMPLETE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) N/A	We. Do NO	L CLERI		D	DEPARTMENT STOR			RE	
Š	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Mic	die, Maiden	an Surname)			
BE (	PERRY WILLIAM				MAGGI	E AUST	'IN				
2	19e. INFORMANT'S NAME (Type/Print)				treet and Number or Rural						
	VIVIAN GREGORY				rd Square/i	Edgewo		-			
	20. METHOD OF OISPOSITION 1 Derial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		ALCO SUPERIOR DE LA CONTRACTOR DE LA CON					LTIMORE, MARYLAND		
ļ	21. SIGNATURE OF FUNERAL TERRICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March Funeral Home East										
	Dimo	TOK	- tim					ттмс	DRE.	MD 21202	
	1101 E. NORTH AVENUE/BALTIMORE, MD 21202 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
	ehock, or heert failure. List only one ceuse on each line.								10-10-10-10-10-10-10-10-10-10-10-10-10-1		
1	resulting in daeth)	DUE TO (OR AS	any tic spread of Breas				isteances			ZWKS	
z	alexanderisma of Breast										
CERTIFICATION	If any, leading to immediata  DUE TO (OR AS A CONSEQUENCE OF):										
S	CAUSE (Disease or injury	COUE TO (OR AS	A CONSEQUENCE	CONSEQUENCE OF:							
Ē	thet initieted events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
E		d								1	
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.  24e. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEI								1 YES 2 NO			
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO E UNCERTAIN										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  AND THE CONTROL OF DEATH (Check only one)										
YSI	1 TES 2 NO	1 1 Inpatient 2 ☐ ER/Ou	Outpatient 3 DOA 4 Nursing Home 5 Resid			ca 6 Cher (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)		INJURY	c. INJURY AT WORK?	26d. DESC	RIBE HOW IN	NJURY OCCURED			
BY	2 Accident Investigation	On BLACE OF WHITE	M 411 1		YES 2 NO						
TED	3 Suicide 4 Homicide  S Could not be defermined  S Could not be defermed  S Could not be deferme								loute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, data and placa, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.										
8											
#	a L - DAI	1 100		29c. LICENSE NUMBER  M 5 8 4 0				29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO POMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)										
1	Robert Brodsky 600 N. WOIFE ST Balt. MD 21287										
	31. DATE FILED (Month, Day, Year)	32 HEGISTRAR'S OG	NATURE	PILLE	3 1391	11.11	N C	145	/		
	DATE FILED (MONTH), Day, Year) July 32/AREGISTRAR'S CONTYUNG										



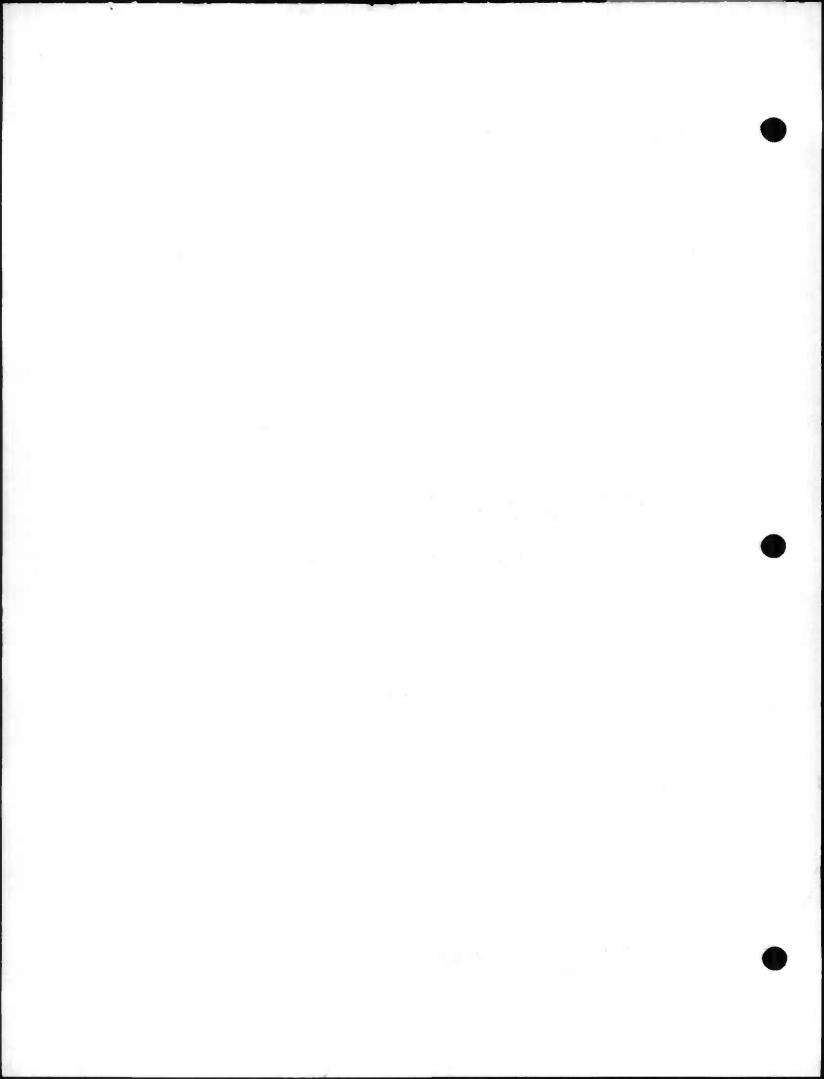
DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	ding physician and completely filled in by the funeral director page 5 should be detached for use as the huristory
	4 hour	filled in
.O. BOX 68760,	certificate be executed within 2	ling physician and completely

r attending physician. use as the burial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYS (IN THE FUNERAL DIRECTOR ANGLE) is contained to the attending to

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT	OF H	EALTH AND		YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  MARY GRACE	FEENEY			<u> </u>		2. DATE OF	DEATH DAY	YEAR	3. TIME OF OEATH			
			yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF E	-	995	HPLACE (State or Foreign			
	213-10-3124	□ M 2 🔀 F	83 YRS.	MONTHS	DAYE	HOURS MIN.	Feb		Coun	ryland			
	9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN												
DIRECTOR	St. Agnes Hospital Baltimore												
E E	10a. STATE 10b. COUNTY	7.1.1	10c. CIT	r, TOWN OR						10d. INSIDE CITY LIMITS?			
	- 1/. 2	ltimore		Ca	itor	sville				1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE		10g. (		WHAT COUNTRY?			
N.	6 Payson Avenue	2. WAS DECEDENT EVER IN U	CARMER	10.00		212			U.S				
	1 Never Married 2 Married	FORCES? 1 YES  IF YES, GIVE WAR OR DATE	2 NO	11.	yes, spe	ENDENT OF HISPA colfy Cuban, Maxic	an, Puerto Ricer	pecify Yea or No- 1, etc.)	Siac	E — American Indian, ik, White, atc.			
B	White												
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY												
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)												
COMPL	8 Plant Clerk Telephone Company  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maidle, Ma												
~ 1	17. FATHER'S NAME (First, Middle, Lest)  Bartholomew Feeney  18. Mother's Name (First, Middle, Maiden Surname)  Cordelia Baer												
BE	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
1 2	Francis Feeney (Brother) 510 Kinsale Road Timonium Maryland 21093												
examiner must be notified TO BE	20a. METHOD OF OISPOSITION 1X Burlal 2 □ Cremation 3 □ Remova	20b.P	LACE AND DATE O	F DISPOSIT	ON (Nar	ne of	DATE	20c. LOCATION	— City or Ti	own, State			
Ë	4 Donation 5 Other (Specify)	Mea Mea	dowridg	her place) e Cen	ete	ry 01-1	3-95	Dorsey	Mary	yland			
e l	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Leroy M & Russell C Witzke Funeral Homes												
	L. (14. /	1630 Edmondson Avenue Catonsville Maryland											
y, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the disease, or compileations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrespiratory arrespir												
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  CHONIC Pulmonary Fibrosis - Etiblogy Unknown  Esophageal Sticture  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 4400  1 YES 2 4400  1 YES 2 1 NO												
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATN (C	heck only one)						
PHYSICIAN:	1 TES 2 1-40 1	OSPITAL:    Inpatient 2   ER/Outpati	ent 3 🗆 DOA	OTHER:	g Home	5 🗆 Rasidence	6 Other (Sp	ecity)					
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		Bc. INJU		28d. DESCRIE	BE NOW INJURY	OCCURED				
D BY PH	2 Accident Investigation			М		ES 2 NO							
8 E	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, factor	, office		281. LOCATIO	N (Street and Num wn, State)	ber or Rural	Route Number,			
MPURIANI: II IIEM Z D BE COMPLET		N: To the best of my knowled On the basis of examination a								a) and manner as stated.			
W W	296, SIGNATURE AND TITLE OF CERTIFIER	Λ				29c. LICENSE NU	MBER	29d. C	ATE SIGNED	(Month, Day, Year)			
5 B	Benja Ace Mr	U				SAH - 1	1590	•	1-9	-95			
	Benjamin Si Lee	St Agnes t	tespital,	Print) POD (	cabo	L Ave	Balt	more, I	HD :	21229			
	JAN 1 2 1995 Julia	32. REGISTRAR'S SIGNATURE OF CONTRACT											



permit. Pages 1, 2, 3 should bunial-transit hours after death. Page 6 may be retained by the hospital or attending physician. be detached for use as the funeral director, page 5 should completely filled in by the frial cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burial. and prior to aftending physician the after n signed by the Health and N has been s Dept. of H this certificate his with the State [ After t DIRECTOR after hours 2 be filed within 72 h TAL

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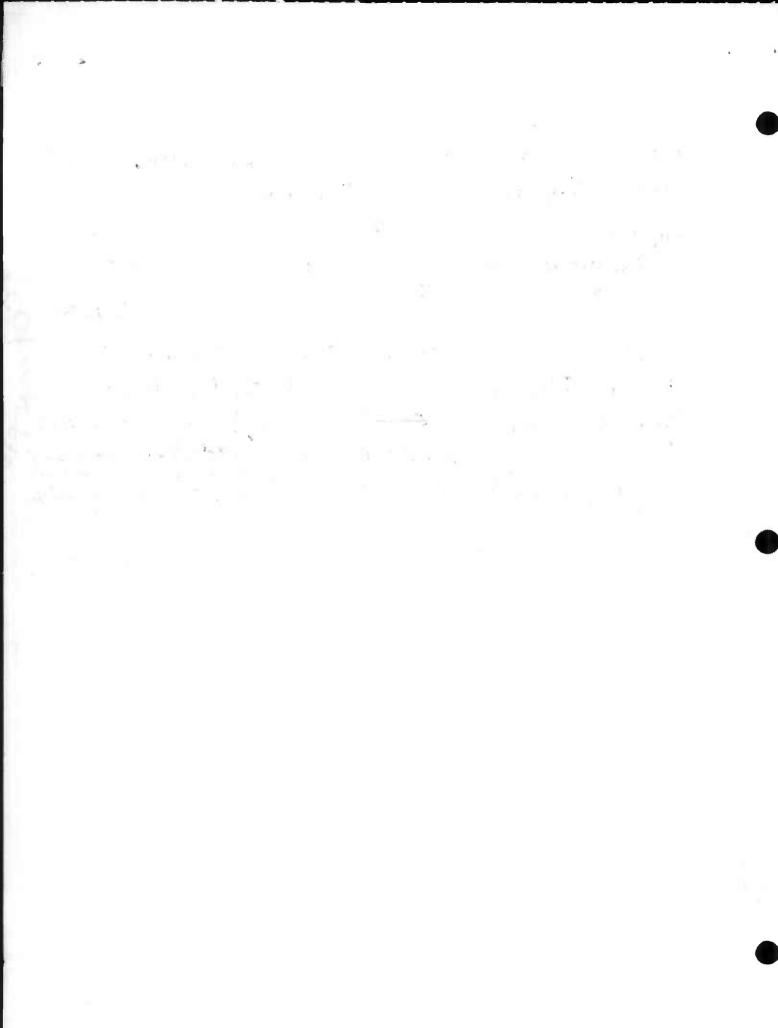
1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SONATURE

Item#19.b. G-film721 per F.H 3/3/95 P.C FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH omin homa( 2 0 B. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 15-03-154 March 9a. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Itimore DIRECTOR nercy 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore land YES 2 NO FUNERAL ET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Mosher 115 a الاواه 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 165 KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Engineer 12 once. 18. MOTHER'S NAME (First, M 17. FATHER'S NAME (First, Middle, William notified at BE INFORMANT'S NAME (Type 6 Mara be 20a. METHOD OF DISPOSITION
1 Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Na must □ Donation 6 □ Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 222 Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 計 disease or condition 5 day Pheymonia traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE DE) or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO □ UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. HOSPITAL: 1 TYES 2 KNO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 🗆 Realdence 8 🗆 Other (Specify) 0 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO ВУ Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 28 4 Homicide determined llem . 29a. CERTIFIER 120 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE/OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law

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9	25	
uires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	fune	
her	the	prior to burial, cremation, or removal.
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DO	i.	50
24	and completely filled in by the	on.
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DIRECTOR: After this certificate hours after death with the State

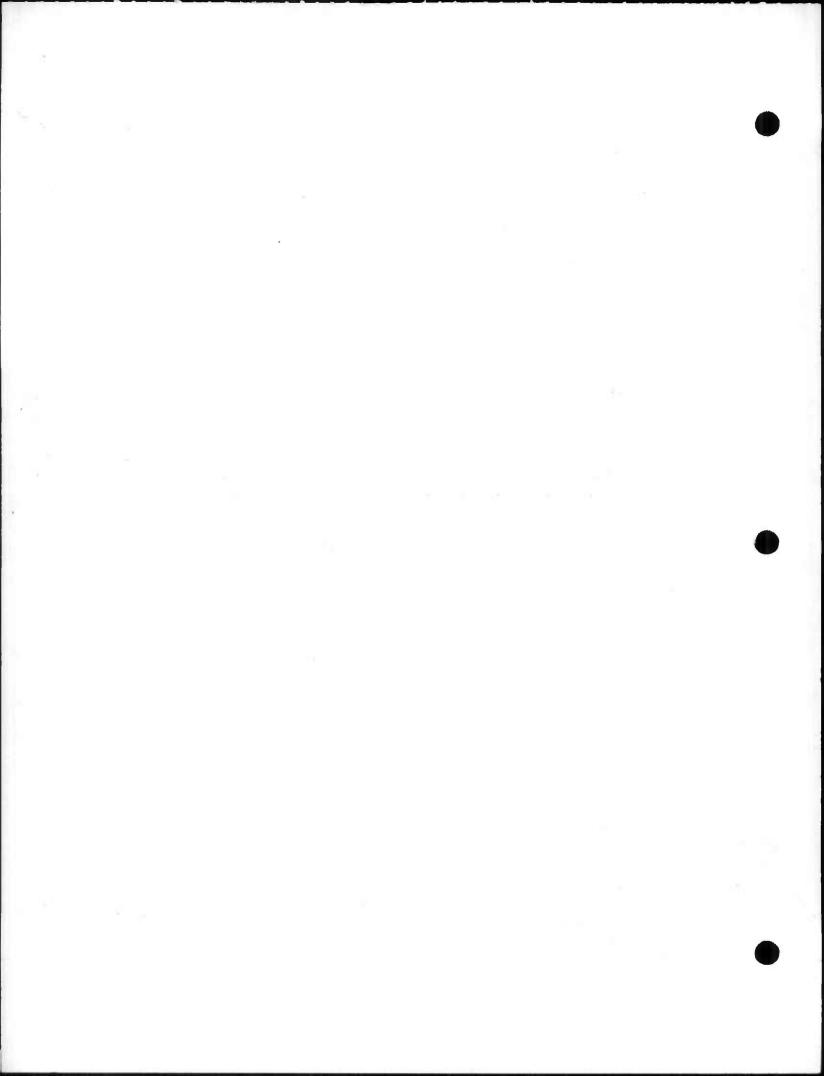
Pages 1, 2, 3 should

permit.

unal-transit

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 01 an SOCIAL SECURITY NUMBER 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN

3. TIME OF DEATH 30 6. BIRTHPLAND
Coyptry)
VARYLAND 6. AGE (In yrs. last birthday) JUNE 9, 1914 4. SOCIAL SECURITY NUMBER 219-07-8789 IRTHPLACE (State or Foreign 1 - M 2X XE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MARINER HEALTH CARE OF BALTIMORE DIRECTOR BALTIMORE, CITY RESIDENCE OF DECEDENT MA STATE 10h COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY 1XX YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1408 REYNOLDS STREET 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-tt yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS t4. RACE — American Indian, Black, White, etc. FORCES? 1 YES A 1 Never Married Married tt yes, specify Cuba Specify Specify: WHITE B 3 Widowed 4 Divorced tee. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) **6TH** HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, CHARLES KNOFSKI MARGARET HEIL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT L. FRANTUM 1408 REYNOLDS STREET, BALTIMORE, MARYLAND 21230 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Buriet 2 Cremetion 3 Removal from State CEDAR HILL CEMETERY, JANUARY 13, 1995 Donatton 5 - Other (Specify) MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.
CHARLES L. STEVENS FUNERAL HOME, INC. E. FORT AVENUE, BALTIMORE, MARYLAND 21230 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ 1) eu 1000 resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 1 7ES 2 5-10 OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Muraing Home 5 Assidence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY nveatigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri Savelyor Rarball



3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

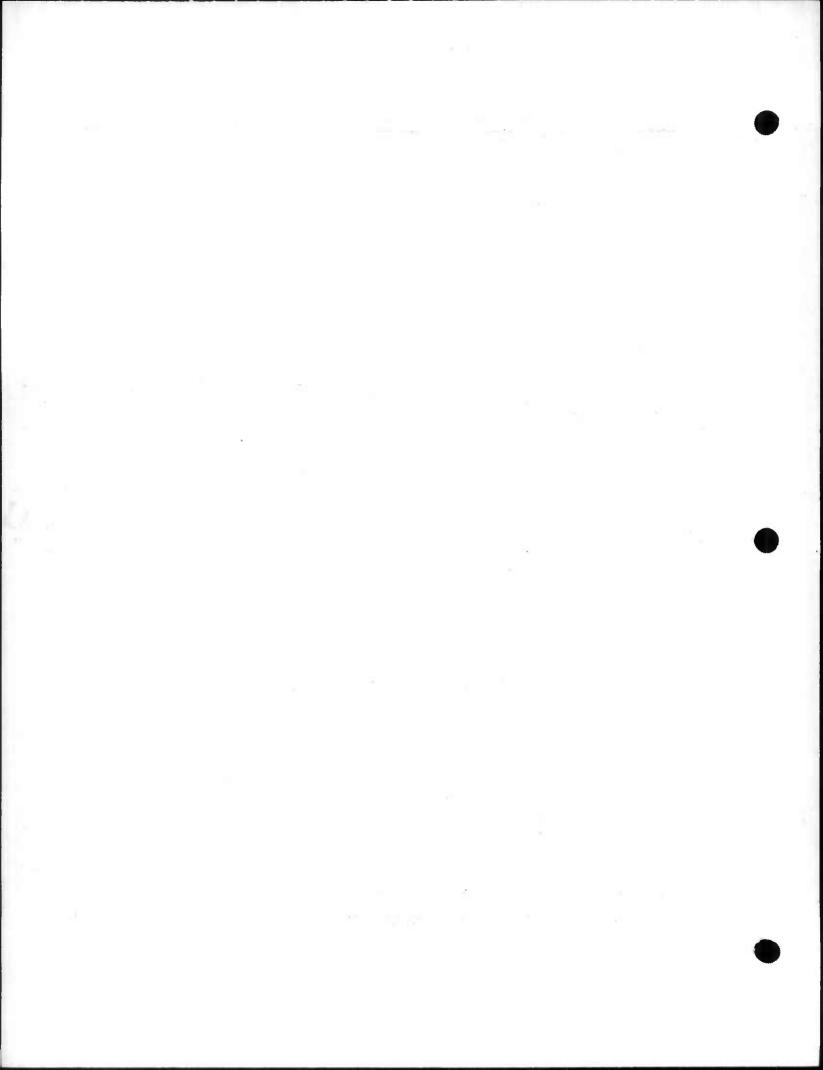
1. DECEDENT'S NAME (First, Middle, Last)

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Henry William Gabler -Gable: 3:45 lanuary 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last b 7. DATE OF BIRTH (Month, Day, Year) 09-04-1922 IF UNDER 1 YEAR IF UNDER 24 HRS. RTHPLACE (State or Foreign MONTHS DAYS HOURS MARYLAND 215-14-0060 1X M 2 . F 72 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 <u>Glen Burnie</u> Anne Arundel North Arundel Hospital Association 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY MARYLAND ANNE ARUNDEL CROWNSVILLE permit. 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1132 CHINABERRY LANE 21032 director, page 5 should be detached for use as the burial-transit U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES W W II 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Wildowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION

The first of work rione during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5 +) SAFETY INSPECTOR INSURANCE COMPANY 12 N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 10 HENRY MELVIN GABLER LILLIE BELLE BE HUGHES notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21032 2 MARY F. GABLER CHINABERRY LANE, CROWNSVILLE, MD. 9 20a. METHOD OF DISPOSITION 1/15A/95 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of must N Buriel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) MD. VETERANS CEMETERY CROWNSVILLE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY name and address of facility SINGLETON FUNERAL HOME SECOND AVENUE, S.W. funeral hours after death. the GLEN BURNIE, MARYLAND 21061 medical 23. PART i. Enter the diseases, or complications that during the decision shock, or heart fellure. List only one case on each line. completely filled in by the deeth. Do not enter the mode of dying, such ea cerdiac or reapiratory arreat, Approximate Interval Between 6 **IMMEDIATE CAUSE (Fine) Onset and Death** the executed within 24 cremation, disease or condition bleed and avening unent event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) burial, ensio traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to the attending physician Mental Hygiene prior to if any, leeding to immediate death certificate be cause. Enter UNDERLYING Mu other CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algorificent conditions contributing to deeth but not resulting in the undarlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS DIRECTOR: After this certificate has been signed by I hours after death with the State Dept. of Health and апу darline on heno dial AVAILABLE PRIOR TO Chronic renal COMPLETION OF CAUSE 1 TES 2 NO ten a. c Sh Delrelatin 1 YES 2 NO DIDITOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | WO | UNCERTAIN | PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The item HOSPITAL:
| Dipatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO Nome 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending м 1 YES BY investigation Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 60 3 Suicide LOGATION (Street and Number or Rural Route Number or Town, State) COMPLETED 6 Could not be 4 Homicide determined 28 item GERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. FUNERAL WITHIN 72 P (Check only one) = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On isia of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner ea stated. AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mar 2 (TTEM 27) (Type, Print) WHO COMPLETED CAUSE OF Ravinnah 1600 Highway SW #401 Glen Rurnie Maryland 21061 31. DATE FILED (Month, Dard Year) 32. JEGISTRAR'S SIGNATURE
JULIA D'AURULIAN-RANGALL DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

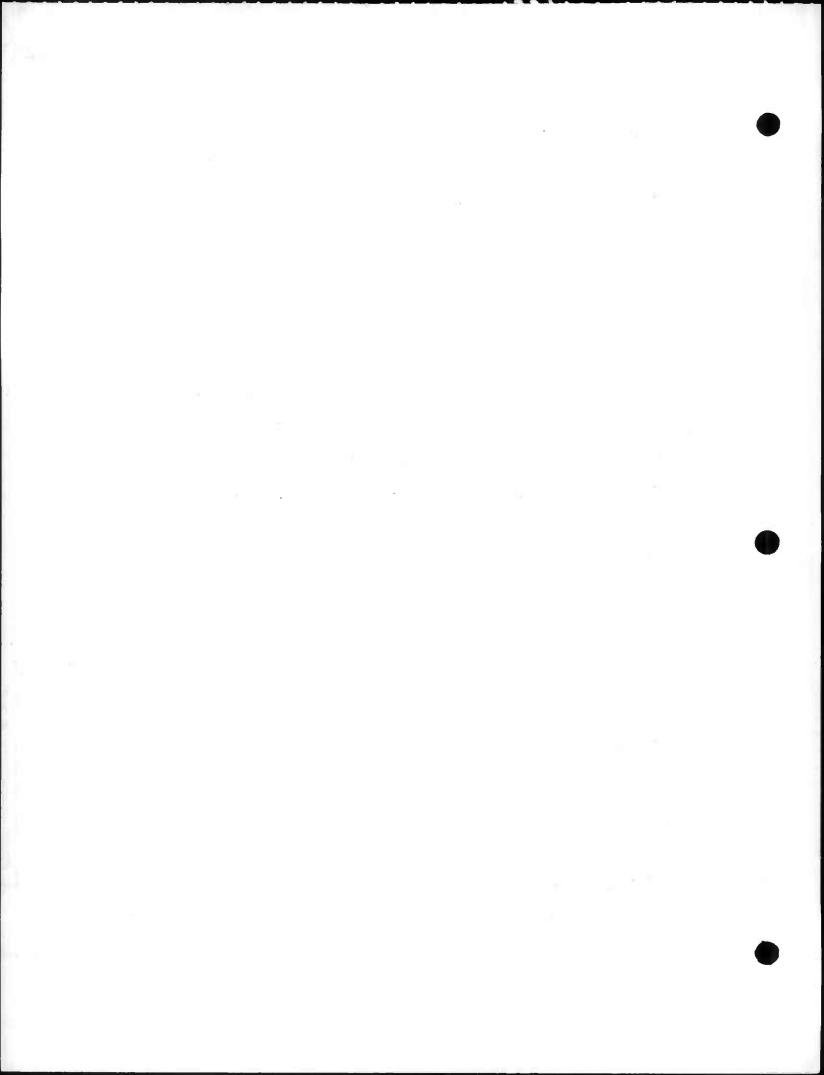
In DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	- 1	1. DECEDENT'S NAME (First	Middle Lentl			02111	11 10	AIL OI	DEA			. NO.	_	3. TIME OF DEATH	
		MIRIAM GROSSBLATT JANUARY 8,1995													
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. lest birtho	day) IF	UNDER 1 YEAR	AR IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
		217-46-170	1	1 🗌 M 2 💢 F	90	YR	s. Months DAYS Hours Min. (Month, E				Sept.18	3.1904	ussia		
		9a. FACILITY NAME (If not in	stitution, give s	treet end number)			96.	CITY, TOWN	DEATH						
	E I	TEWTON CONT													
	DIRECTOR	JEWISH CON			BALTIMORE					BALTI	MORE				
	끮	10a. STATE MD	10b. COUNTY			10c.		WN OR LOCA						10d. INSIDE CITY LIMITS?	
		1.117	DAL	TIMORE			В	ALTIM	ORE					1 TYES 2 NO	
	₹I	10e. STREET AND NUMBER						10	of. ZIP COD	Ε		10g. C	TIZEN OF	WHAT COUNTRY?	
	FUNERAL	7920 SCOT	TS LEV	EL ROAD						2120	8		US	A	
	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED					IC ORIGIN? (Speci n, Puerto Rican, at		14. RACI	E — Americen Indian, k, Whita, atc.	
	BY	1 Never Married 2 1 3 Widowed 4 1 Divo		IF YES, GIVE V					S 2 NO			c.)	Spec		
							1	<u> </u>						WHITE	
	COMPLETED	(Specify only	EDENT'S EDU	cation completed)	1	(Give kind	NT'S USU d of work of OT use reh	done during m	ION lost of worki	ng	16b. KIND C	F BUSINESS/II	NDUSTRY		
	ا ڌ	Elementery/Secondary (0	)-12)	College (1-4 or 5	+)										
g	١	17. FATHER'S NAME (First, M	liddle ( ant)			PRC	JPRT.	ETOR				OD STO			
0 3			ONDON						16. MOI		ME (First, Middle, M	alden Sumame)		2.5.00	
	B	19a. INFORMANT'S NAME (7				T 10h MAII	LING ADD	DECC (Street	and Numbe	BES	SIE Route Number, City (	Tour State		ARTZMAN	
	임	MRS. ROSAI		Γ.ΔΡ											
200	1	20g, METHOD OF DISPOSIT	ION		20b.P	LACEANDDA				E; B/	ALTO, MI	c. LOCATION -		wen State	
ISDE!		1 XBuriel 2 Cremelio 4 Donallon 6 Other	n 3 🗌 Rem	oval from State		DATH							ORE, MD		
	- 1	21. SIGNATURE OF PUNERA	L SERVICE LIE	DENSEE /				22. NAME A	ND ADDRE		& BROS				
		b (bu	· / Wh	Y										מה אם מומור	
-	$\dashv$	23 PART / Shiter the d	MU	donation to the	t council t	the death f	20 001							RE, MD 21215	
	- U	23. PART f. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between the cause on each line.													
2	- }	IMMEDIATE CAUSE (Final disease or condition													
Ĕ.		resulting in death)  a. Houte Myocardon Cufarction  What is a consequence on													
3	- ∥	disease or condition A cute my a conden what he wanty  But to (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. A thin sclar thin Hear Disease  Year)											year		
	CERTIFICATION	Sequentially list condition if any, leading to imme-		DUE TO	(OR AS A C	ONSEQUENC	E OF):			0				11	
	<u> </u>	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	c.											
	≣	that initiated events		DUE TO	(OR AS A C	ONSEQUENC	E OF):								
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		PART II. Other aignifics	nt condition	a contributing to	daath but	not reaulti	ng in th	e underlvir	ng cause	alven in i	Part I. 24a W	S AN AUTOPS	/ 246	WERE AUTOPSY FINDINGS	
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5 3		27. MANNER OF OEATH		28a. DATE OF		-	TIME OF		JURY AT	aldenca	8 Other (Specify 28d. DESCRIBE I		CCURED		
	2		Pending Investigation	(Month, D	lay, Year)		INJURY	W	ORK? YES 2	] NO					
2 6	a	3 Sulcide 8	Could not be determined	28a. PLACE O building,	F INJURY — etc. (Specify)	At home, far	rm, streal	, factory, offi	ca		26f. LOCATION (S City or Town,	treet and Numb State)	er or Rural F	Route Number,	
	<u> </u>	29a. CERTIFIER	TEVING DUVE	CIAN: To the heat of	my knowled	da danth an			Service.			IIII CO ADOL	763		
	i I			CIAN: To the best of R: On the besis of e										N and manner on stated	
- 130	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dev. Year)														
	O BE	24. (mal	do	ed man	n	U)			Zwc. Lici	0170	3	29d. DA	G G	(Month, Day, Year)	
1		30. NAME AND ADDRESS OF Hronuld	4	o completed cause	SE OF DEATH	23 C	Type, Print	noud	s D	. 24	434 (	Noin 1	1 hil	ils und 21117	
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		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.											
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATN										
	3	JANICE N GOOD	JANUARY 09	1995 12:10 A M										
Σ	9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  216-32-6048 1 M 2/X/F 76 YRS. MONTHS DAY'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) February 2, 191	8. BIRTNPLACE (State or Foreign Country) Maryland										
2, 3 shou	OR	98. FACILITY NAME (If not institution, give street and number)  GREATER BALTIMORE MEDICAL CENTER  TOWSON	DEATH 9	BALTIMORE										
	닯	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY										
020 physician. burial-transit permit. Pages 1, 2, 3 should	L DIRECTOR	Maryland Baltimore Cockeysville  100. STREET AND NUMBER		1 TYES 2 XX										
an. Iransit pe	FUNERAL	300 International Drive 21030		0g. CITIZEN OF WHAT COUNTRY? USA										
	BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 WMdowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic  1 YES X NO 1	DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— Blac s, specify Cuban, Maxican, Puerto Rican, etc.)  YES XXX NO Specify:  Specify Cuban Annual Specify:											
1215-0 r attending use as the	밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY										
2 m	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)  12 Homemaker	Own H	lome										
RYLAND ed by the hospit uld be detached ed at once.	8		AME (First, Middle, Maiden Sun	name)										
	BE		lia Mae Mohle											
be retained be 5 should e notified	5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Malcolm Barger  PO Box 308 Jefferson, Maryland 21755												
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION 2 Cremation 3 Removal from State 2 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place). Park Heights Cemetery	DATE 20c. LOCAT	ION — City or Town, State										
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY	iswick Maryland										
SALTIN r death. Pag e funeral dir examiner			hell-Wiedefe	eld Home Maryland 21212										
E 3 & a		23. PART I. Enter the diseases, or complications met caused the death. Do not enter the mode of dying, au shock, or heart fellure. Liet pnly one cause on each line.	ch as cerdiec or respirate	ory arrest, Approximate interval Batween										
24 hour tilled ithe m		IMMEDIATE CAUSE (Finel disease Dr condition	IMMEDIATE CAUSE (Fine) disease Dr condition resulting in death)  . SHOCK  SHORS											
P 2 2 2 2 2		DUE TO (OR AS A CONSEQUENCE OF): PERFORMING ABACINAC VISCUS,												
C 68 executed and of burnatic	LION	Sequentially list conditions, if emy, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):  Support of the su												
CO 15 5 5 16	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):												
S, P.O. I death certific attending ph ental Hygiene ury, or other	ERTI	reaulting in deeth) LAST												
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OH that than	DIC		PERFORME 1 YES 2	COMPLETION OF CAUSE										
~ 9 5 5 E	PHYSICIAN: MEDIC	DID TORACCO LICE CONTRIBILITE TO CALICE OF DEATH. VEC DI MO TO LINGUETTA		1 TES 2 NO										
13 ep 53	IAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAL 25. WAS CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check only one)	IN LI											
	YSIC	EXAMINER?  1 YES 2 HO  HOSPITAL:  1 mpetiant 2 ER/Outpetiant 3 DOA  4 Nursing Name 5 Residence	8 Other (Specify)											
O Parties to the state of the s		27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 Pending Investigation	28d. DESCRIBE HOW INJU	RY OCCURED										
TTENDO TTENDO TOR: A sther of	тер ву	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide datarmined  28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)	28t. LOCATION (Street and City or Town, State)	Number or Rural Route Number,										
	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and du	s to the cause(a) and menner	as stated.										
	COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the												
	TO BE	296. SIGNAUTI AND TITLE OF CENTIFIER  29c. LICENSE NU  023	3 9 1	DAL DATE SIGNED (Month, Day, Year)										
U	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  N. NOS EMBLES MD (334) N CHARGES	BACTE	21212										
		JAN 12 1995 Juli 32 Hay 1995												
		JAN 1 % 1990 July												



## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

HEGISTHAH				UE	HILL	ICAI	EO	- DEA	I H	R	IEG. NO.			
1. DECEDENT'S NAME (First, Middle, Irvin E		Hume					2. DATE OF DEATH DAY January 10,1995						3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 223 24 4507	t birthday)	IF UND	DER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF E	ынтн			HPLACE (State or Foreign try)				
9a. FACILITY NAME (If not institution,	YAS.		05 01 16 Virginia							ginia				
325 South Maco		Baltimore City  0c. county of Death  Baltimore City						DEATH						
RESIDENCE OF DECEDEN					10c. CIT	y mw	OR LOC	ATION						10d. INSIDE CITY
Md.							ltim	ore (	4				_	LIMITS?
325 S. Macon S	stre	et					- 1	or. zip cod 21224				10g. CI		WHAT COUNTRY?
11. MARITAL STATUS  1  Nover Married 2 Married  3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES.	2 - N	MED IO	1	If yes,		en, Maxica	IIC ORIGIN? (S n, Puerto Ricer		or No—	14. RAC Blac Spec Whi	,
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade co	TION ompleted) College (1-4 or 5 +		(Gir	CEDENT'S ve kind of to Do NOT us	work don	e during r	nost of work	ing		er E			
17. FATHER'S NAME (First, Middle, Lat	ef)			ı u	CCOL	χ vv	orke		HEDIO MA	ME (First, Middl			~.	
Charles Hum	,									eth Hu		Sumame)		
19a. INFORMANT'S NAME (Type/Print)				19b	. MAILINO	AOORE	SS (Stree	and Numbe	r or Rural F	Route Number, C	alty or Town	n, State, Zi	p Code)	-
Frances Hallf	ord								eet	Balto.				
20a. METHOD OF DISPOSITION  1 Strial 2 Cremation 3 C  4 Donation 5 Other (Specify)			20b. P cemet Me	PLACE A lery, crer OUN	no date of a	ther place.	Î Ce	meter		13-95	Bal	timo	re, M	own, State
21. SIGNATURE OF FUNERAL SERVI	CE LICE	D. Ze	le				Char		. Ze	iler &				
23. PART I. Enter the diseases shock, or heart fel immediate CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  CAUSE (Final dasth)  ACONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									Approximate interval Batween Onset and Death    hour   4 months				
PART II. Other significant cond	itions	contributing to	daath but	t not re	eaulting i	in the	undarlyi	ng csuse	given in	Part I. 24a	. WAS AN		24b	. WERE AUTOPSY FINDINGS
											PERFOR			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CC 25. WAS CASE REFERRED TO MEDIC		BUIE TO CA			E OF OEAT				CERTAIN	1 🗆 📗				
EXAMINER?	1	HOSPITAL:			I	ОТН	ER:		anida	8 □ Other (Sp			_	
27. MANNER OF OEATH  1 Netural 5 Pending		28a. DATE OF (Month, De	INJURY		28b. TIM	_	28c. II	JURY AT		28d. DESCRIE	_	JURY OC	CURED	
3 Suicide 8 Could no	City or Town State)								Route Number,					
29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and menner as stated.														
296. SIGNATURE AND TITLE OF CERTIFIER  (and () The will mo physician D44717  Jan. 1, 1995														
30. NAME AND ADDRESS OF PERSO	N WHO	-	) L	40	5, D	Print)	dal	K AL	le.	Balti	mon	e M	Da	21222
JAN 1 2 1995	Jul	32 REGISTRA	C CONTACT											

3. TIME OF DEATH

11:30P 8. BIRTHPLACE (State or Foreign

HEDRICK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

2. DATE OF DEATH

JANUARY

10.

1995

1 - STATE REGISTRAR

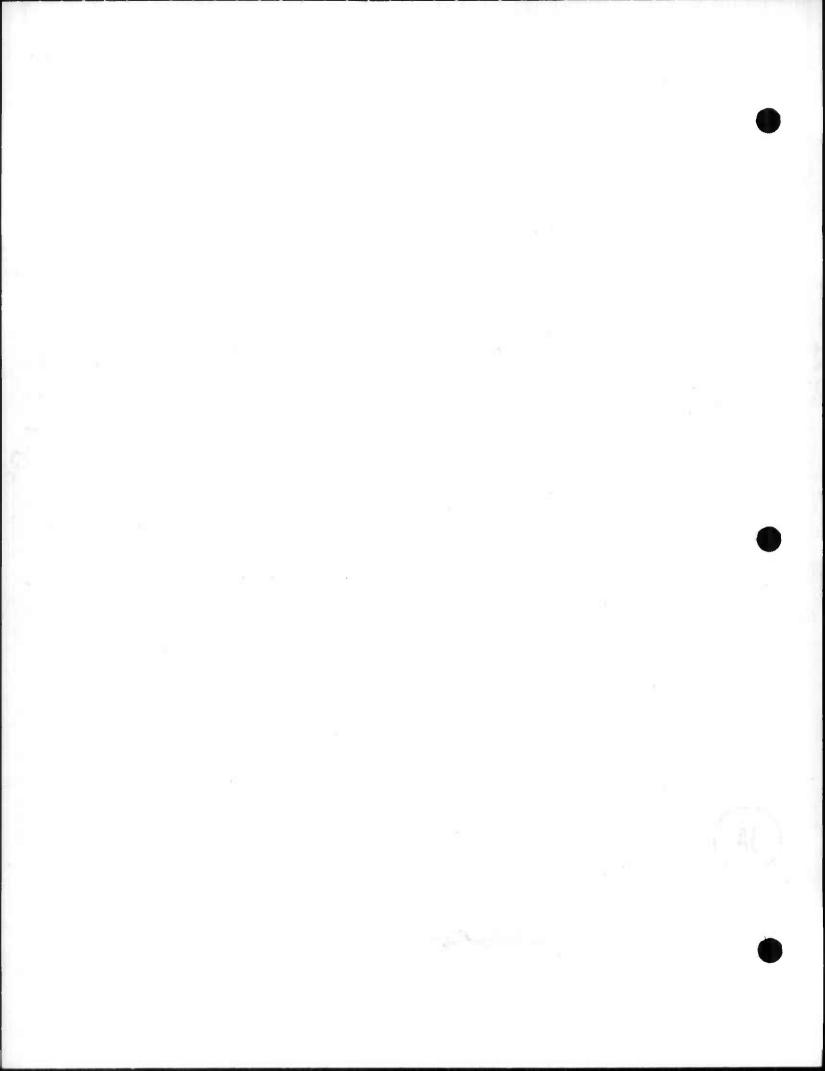
1. DECEDENT'S HAME (First, Allocks, Land)

EDWARD

MARK

39		213-88-1004	1 (X m 2   F	33	MONTHS	DAYS	IF UNDER 24 HRS. 78 HOUTIS MIN.		Monto Pay, Year		MARY	CE (State or Foreign		
1, 2, 3 should	BE COMPLETED BY FUNERAL DIRECTOR	98. FACILITY NAME (IF NOT INSTITUTION, 9/19 THE JOHNS HOP RESIDENCE OF DECEDENT		PITAL				IMORE C				TY OF DEATI	н	
<u> </u>		MARYLAND ANNE ARUNDEL MILLERSVILLE										1000	d. INSIDE CITY LIMITS?  YES 2 ANO	
and permit		526 KENORA DR	IVE				101	. ZIP CODE 21108				EN OF WHAT		
5-0020 drog physician the burisi-tran		11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific types, apecify Cuben, Maxican, Puerto Rican, et al.   YES 2 NO Specify:						14. RACE — A	American Indian, hite, etc.			
AND 21215-0020 he hospital or attending physic detached for use as the burial pance.		15. DECEDENT'S EDI (Specify only highest greck Elementary/Secondary (0-12) 12	*) (C	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  SALES PERSON					166. KIND OF BUSINESS/INDUSTRY  RETAIL SALES					
7 88 8		TED M. HEDRICE			18. MOTHER'S NAME (First, Middle, Maiden Surname) SUSAN T. WRZESINSKI									
E, MARY be retained age 5 should be notified	10	SUSAN T. HEDR	ICK					DRIVE,	MIL	LERSVI	LLE,	MD.		
AORE pe 6 may rector, pa		200. METHOD OF DISPOSITION  1 Aburtal 2 Cremation 3 Removal from State  4 Denation 5 Other (Specify)  200. LCC AND DATE OF DISPOSITION (Name of 1/124/95)  200. LOCATION — City or To Committer, semistary or other place)  GLEN BURN												
BALTIMORE in death. Page 5 may 1 me funeral director, pag val.		21. SIGNATURE OF FUNERAL SERVICE LI	d /	Sale	X	22.	NAME AN	COND A	VEN	SINGLE UE, S.	TON W.	FUNE	RAL HOME	
d within 14 hours after or majoritely filled in by in commission, or remove event, the medical		23. PART I. Enter the diseases, or complications the caused of centre. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only on cause of sich line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Due to (or as a conscouence of):												
P.O. BOX 6876( n certificate be encuted we noting physician and compl Hygeme prior to burial, co- or other traumatic eve	CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Dissesse or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
S, I deat bents bents		PART II. Other significent condition	d	death but not	resulting i	In the ur	deriying	cause given in	n Part i.	24a, WAS AN	AUTOPSY	24b, WEI	RE AUTOPSY FINDINGS	
RECORD requires that the een signed by th of Health and N shows any inj	MEDICAL	Disseminated CMV Refinition	Mycobacterium avivm cumplex  1 yes 2 DNO							CON OF	ILABLE PRIOR TO MPLETION DF CAUSE DEATH?			
AL F	ICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA		TH YE			UNCERTA	IN 🗆					
F VIT SICIAN: TI CARTIFICATE I the State I, or Item	YSIC	EXAMINERY 1 ☐ YES 2 @ NO	HOSPITAL:			OTHE	3:	5 - Residence	8 🗆 Oth	er (Specify)				
O 등 설팅 및	BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b, TIMI INJ	-	28c, INJU	JRY AT	T	SCRIBE HOW IN	JURY OCCU	IRED		
ATENDING SECON STATE AND A SECON STATE SOUTH	8	3 ☐ Suicide 6 ☐ Could not be determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	JURY — At home, ferm, atreet, factory, office				281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
	COMPLET	Check only   C CERTIFYING PHYSICAL EXAMINE											f menner ee stated.	
PRAM	O BE C	SIGNATURE AND PITUE OF CENTIFIE	MD		29c. LICENSE NUMBER 038398						29d. DATE SIGNED (Morith, Day, Year)			
0		JOEL E - GRI	ant,				10 14	e St, (	art	jaje 29:	2, Bat	timore	MD 21287	

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS DO BOY 68760

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	THE ATTENDING DEVELORAL The law sensition state the death and the sensitions of their the
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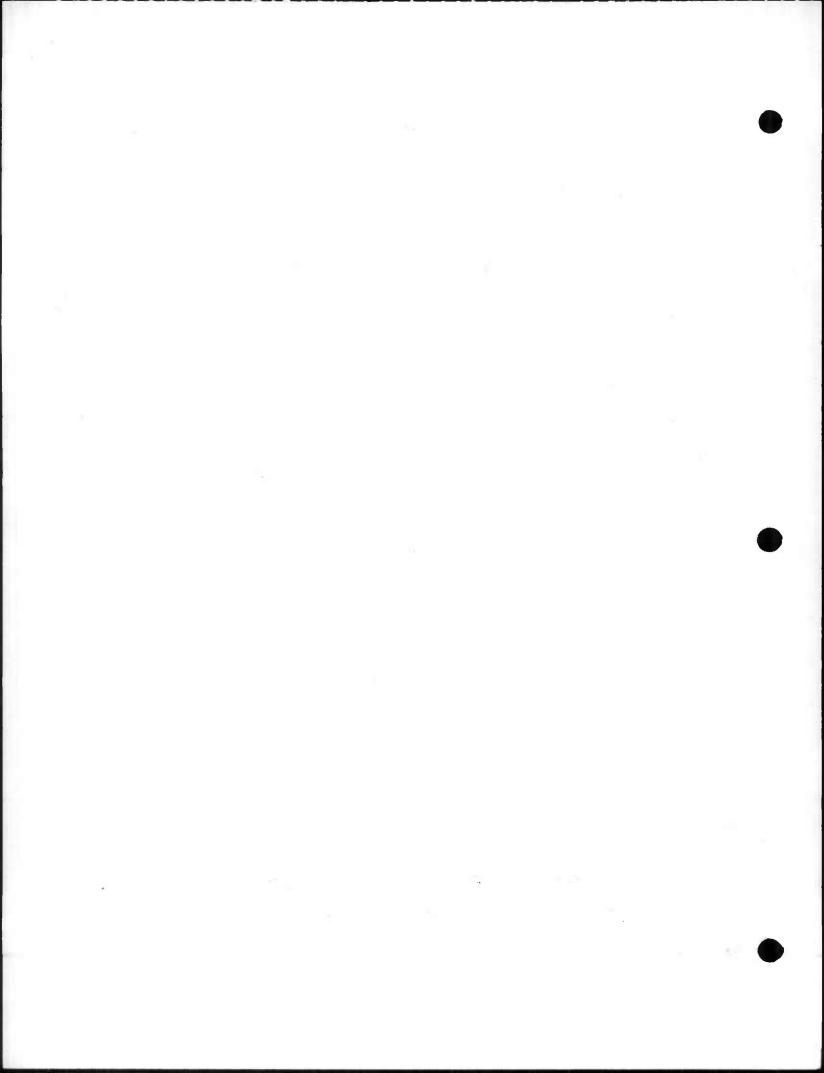
IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should as after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

	REGISTRAN		<u> </u>	-11111	CALE	- OF	DEAL		. н	EG. NO.			
8	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF I	DEATH DA	¥	YEAR S	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220-30-3002	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da			8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, (	^	95	rna.					AUG. 2	25, 1	899	NY	
E	SINAI HOSPITAL				96. COUNTY OF DEATH  9c. COUNTY OF DEATH  DAT DETMODES						EATH		
8	RESIDENCE OF DECEDEN				BALTIMORE								
DIRECTOR	10a. STATE 10b. CO		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?	
	MD  10e. STREET AND NUMBER			BALTIMORE							1 XYES 2 NO		
FUNERAL	6317 PARK HE	IGHTS AVE,	#216	10f. ZIP CODE 21215			10g. CITIZEN OF W						
3	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AR	MED					C ORIGIN? (S		or No-		- American Indian,
	1 Never Married 2 Merried	IF YES, GIVE	VES 2 X	10			Ps, specify Cuban, Mexican, Puerto Rican, etc.)  PES 2 X NO Specify:  Specify: Speci				Ar-		
ВУ	3 Wildowed 4 Divorced						N.						WHITE
COMPLETED	15. DECEDENT'S (Specify only highest of		(Gi	ve kind of v	USUAL OC		ON ast of workin	ıa	16b. KIN	D OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT us	e retired.)			-			112000		
₽ I		1		HOME	MAKEF	₹				AT	HOME		
8	17. FATHER'S NAME (First, Middle, Last	*							E (First, Middle		Sumame)		
BE	EMIL LIEBMAN	N						OSE	MOCH				
2	19a. INFORMANT'S NAME (Type/Print) EDWARD HELLERM	AN							#216;				21215
	20e. METHOD OF DISPOSITION  1	Removal from State	20b. PLACE A cemetery, cree	natory or o	OF DISPOSI ther place)	ITION (Na	me of	1_	DATE -9-95		WSON		wn, State
1	21. SIGNATURE OF SUNERAL SERVICE	E LICENSEE		10/1-	22. 1	NAME AN	D ADDRES	SS OF FACI	LITY				
	· 6ku /1	au Zu	-		60				V & BR				E, MD 21215
$\neg$	23. PART I. Enter the diseases,	or complications the	t ceused the de	eth. Do r	ot enter	the mo	de of dyi	ng, such	aa cerdiec	Dr reepir	ratory arr	eat,	Approximeta
1	shock or heart faile IMMEDIATE CAUSE (Fine)	ure. List only Dne cel	ise Dn each line										interval Between Onset and Death
	disease or condition resulting in death)		Parcem	mic	+ Pleural Effusion 5days					5days			
	rooming in dodn't	DUE TO	(OR AS A CONSEC				400(						City
No.	Sequentielly list conditions,	b	(OR AS A CONSEC	HENOE OF									
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	502 10	ON AS A CONSEC	DENCE OF	·):								
Ē	CAUSE (Disease or injury thet initiated events	DUE TO	(OR AS A CONSEC	UENCE OF	):								
	resulting in death) LAST	d											
	PART II. Other algnificent cond	itings contributing to	death but ant -	andelma I	- Ab	deal de							
EDICAL	HASUND			eauting i	Dr.	deriyinç	ceuse g	liven in P	art I.   24a	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	FILISONS	, 50	nentra	-	-ONK	<b>U</b> 1021	_		_ 10	YES 2	Juo.		COMPLETION OF CAUSE OF DEATH?
Σ									_				1 TES 2 NO
Z	DID TOBACCO USE CO						UNC	ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check of								
₹	1 YES 2 NO		ER/Outpatient 3		-				□ Other (Spi				
	Natural 5 Pending	28e. DATE OF (Month, L		28b. TIMI		28c. INJI WO 1   Y	BK?		28d. DESCRIE	BE HOW IN	IJURY OCC	CURED	
B	2 Accident Investigate	28a PLACE C	F INJURY — At hor	ne form s	dreat facts				284 LOCATIO	M (Charat a	and \$1		
COMPLETED									oute Number,				
1		HYSICIAN: To the best of											
ς Ö	2 MEDICAL EXA	MINER: On the basis of a	xemination and/or i	nvestigatio	n, In my of	pinion, d	eath occur	ed at the III	me, date and	placa, and	due to Ih	e cause(s)	and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERT	IFIER	4.4				29c. LICE	NSE NUMB	ER		29d. DATE	E SIGNED	(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON	CLASS. IN	SE OF DEATH /ITFA	27) (Time	Print)			420	01		<b>&gt;</b>	1/7	195
	363 € 0	1d (04	est Re	1		La	216		Md	-	2/2	LOF	
	JAN 1 2 1995	Julia d'aude	OF LANGE										
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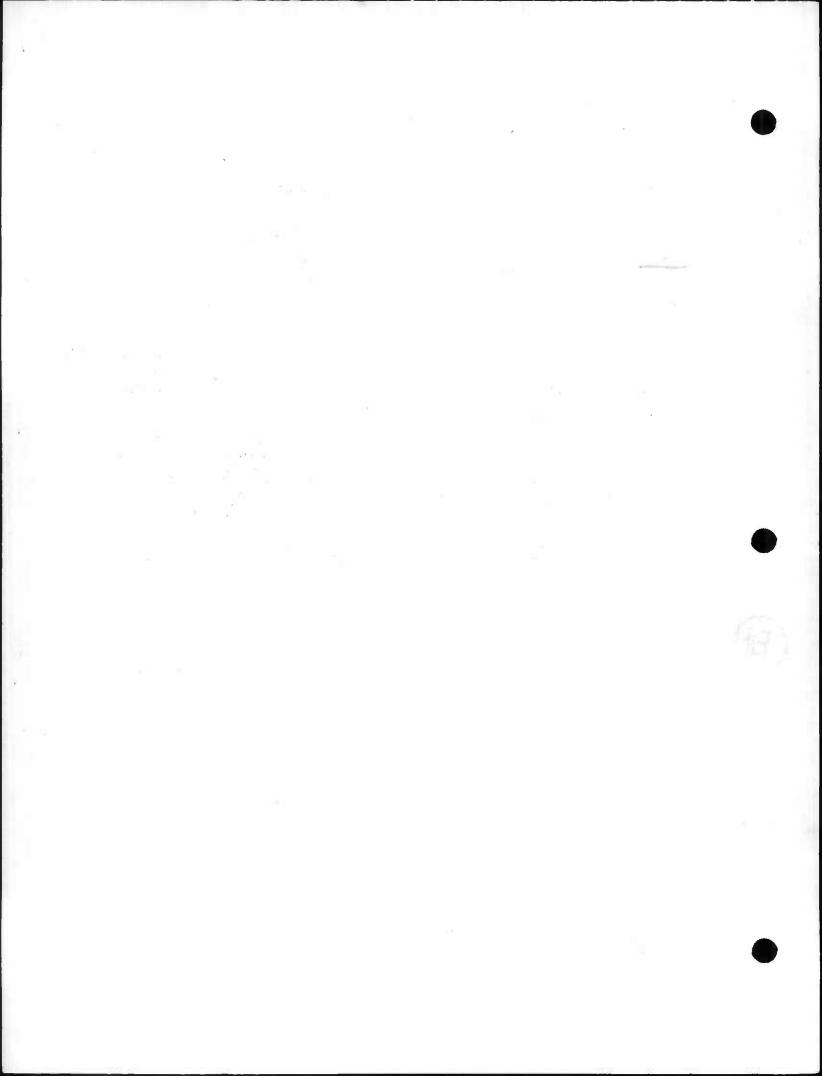


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG.	After	leath
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement	TO THE FUNERAL DIRECTOR: After this certificate has been lumer to provide provided and completely filled in by	94
		- 10	-9

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
)	1	1. DECEDENT'S NAME (First, Middle, Last)	Hyatt	Manue			2.	DATE OF DEATH	AY	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS. 7.	DATE OF BIRTH	8 190	-	ACE (State or Foreign
phould	1	212-07-7474  9e. FACILITY NAME (If not institution, give stre	1 X M 2 🗆 F	5 YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) IAY 13,19	909	WEST	VIRGINIA
2, 3	DIRECTOR	99. FACILITY NAME (if not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  91. CITY, TOWN OR LOCATION OF DEATH  92. COUNTY OF DEATH  93. COUNTY OF DEATH  94. COUNTY OF DEATH									
if. Pages 1.		10e. STATE 10b. COUNTY		9200	Y, TOWN OR LO					d. INSIDE CITY LIMITS? YES 2 NO	
nsit permit.	FUNERAL	100. STREET AND NUMBER 1190 W. NORTHERN	PKWY, APT.	204	4 101. ZIP CODE 21210					EN OF WHA	T COUNTRY?
attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 1 NO	ARMED  13. WAS DECENDENT OF HISPANIC  If yee, specify Cuben, Mexicen, if  1 YES 2 NO Specify:					4. RACE — Black, W Specify:	American Indian, inite, etc.  WHITE
- 6	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	ng	16b. KIND OF BU	SINESS/INDU		
the hospital of detached for once.	COMPLET	5+			ODIATR		POD1	ATRY			
# 8 6 6	BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC JACOB HYAT	Т				ECELIA	First, Middle, Maiden STE			
ay be retained page 5 should be notified	10 E	190. INFORMANT'S NAME (Type/Print) MRS . CAROLYN	НУАТТ	19b. MAILING 1190	W. NOR	eet end Number THERN	PKWY, A	Number, City or Tow PT. 204	n, Stete, Zip C BALTI	MORE,	MD 21210
e 6 m rector.		20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremellon 3 Remove  4 Donation 5 Other (Specify)	ceme	PLACE AND DATE HAR "SIN	OF DISPOSITION	N (Name of	1-10	DATE 200. LO OWIN	CATION — CI		
death death fune f.		21. SIGNATURE OF FUHERAL SERVICE LIPE	Levis		601	O REIS	TERST		BALTI		, MD 21215
ted within 24 hours after completely filled in by the ial, cremation, or removal: event, the medical		23. PART I. Enter the diseases, or construct. Or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	mplications that coused at only one cause on eet  Meum  DUE TO (OR AS A 6	omà		mode of dyi	ing, such es	cerdiec or respi	iratory arres	it,	Approximate Interval Between Onset and Death 2 Months
conficult be executed the precipitation and complete price to burial, or other transmatic ex	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
E	MEDICAL (	PART It. Other eignificent conditions contributing to deeth but not resulting in the underlying couse gi Dementia (Algheiner's due ase)						Performed?		COI DF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH?
e law req has been Dept. of	N: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1								TES 2 XNO	
# # # E	SICIAN:		HOSPITAL:	S. PLACE OF DEA	OTHER:						
PHYSICIAN: this certifica with the St irked, or it	РНҮ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN		INJURY AT WORK?		Other (Specify)  I. DEŞCRIBE HOW I	NJURY OCCU	RED	
NDING R: After or death	ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	- At home, Jerm,		YES 2		LOCATION (Street & City or Town, Stete)	and Number or	Rurel Route	Number,
DIRE	Ш		AN: To the best of my knowle	dge, death occurr	ed at the time	date and place	and due to the	ne cause(e) and man	nor on stated		
HOSPITAL FUNERAL Within 72 TTANT: If	COMPL	one) 2 MEDICAL EXAMINER:	On the beels of examination								d menner ee stated.
TO THE HOSPIT TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		rideut)							onth, Day, Yeer)
	F	30. NAME AND ADDRESS OF PERSON WHO KHIN MAUNG U, M	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	AGNES	HOSPITA	L, 900	CATON AVE	BALA	imbre	, MD 21229
0		31. DATE FILED (Month, Day, Year)	62 REGISTRAR'S SIGNAT	Carolally					-		

		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Altipolis, Las HIRS) LIC	ild. De	reth	1		2. DATE OF MONTH	DEATH DAY	95		30 PM
9		4. SOCIAL SECURITY, NUMBER	5. SEX 6. AGE	(In yrs. last bir(hday) 96 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I NOV .	21,189	8 I	RUSSIA	State or Foreign
2, 3 should	стов	99. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  LEVINDALE  BALTIMORE									
~**	딦	RESIDENCE OF DECEDENT  10e. STATE 10b. COU									
nit. Pages	DIR	MARYLAND		10c. CI	TY, TOWN OR LOCA	ALTIMORE					BIDE CITY MITS? ES 2 NO
permit.	3AL	10e. STREET AND NUMBER			10	DY. ZIP CODE		100	. CITIZEN	OF WHAT COL	UNTRY?
ansit	買	24434 W. BELVEDE	RE AVE.			21215			USA		
215-0020 attending physician, se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	INO If yee, specify Cuben, Maxicen, Puerto				to Ricen, etc.) Black, White Specify:		rican Indien, etc.
215 attend se as		15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)		S USUAL OCCUPAT		16b. K	IND OF BUSINES	S/INDUST!	RY	
ND 21 hospital or ached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	use retired.)	CHER		EDUC	ATIO	N	
AND the hospit detached	0 0	17. FATHER'S NAME (First, Middle, Last)			3,433	_	AME (First, Mic	idle, Maiden Surna	me)		
at be	ш	LEOPOLD LAT	TMAN			LILLI	TAN		BERSI	KY	
MAR retained 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) MR. CHARLES HIRS		19b. MAILING AD			Route Number	umber, City or Town, State, Zip Code) IAHWAH, N.J. 07430			
. 2 8 0			CHFIELD	01 1	NULAN F.	TELD COOR	(I PIAIT	AANTI' IA.	0. 0	7450	
TE E U TO		20a. METHOD OF DISPOSITION NXBuriel 2 Cremetion 3 (X Re 4 Donation 5 Other (Specify)		netery, crematory or of MT _ HEP			DATE -1:1-95	FLUSHI		or Town, State	Ŀ
		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	4		AND ADDRESS OF FA		H DOD			
death fune		Scott	M Cittle	In	1	LEVINSON REISTERS				ODE N	1D 21215
nours after filled in by the tion, or removal the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition									
ed with completely al, crema	-	DUE TO (OR AS A CONSEQUENCE OF)									
DA OB/	SATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING									
or other	CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	OF):						
lillery.		DART II Other significant and dis									
F 10 11 1	MEDICAL	PATO III SURE SIGNIFICAN CONTINU	one contributing to death E	in the underlyii	the underlying ceuse given in Part I.			PSY ?	COMPLE OF DEAT	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE ITH? ES 2 NO	
he law of has been be bept.											
N: The ficate has State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C/	heck only one)				
SICIAN: The Certificate the State	YSI	t YES 2 AO	1 Inpatient 2 I ER/Out	patient 3 🗆 DOA		me 5 🗆 Residence	8 Other (	Specify)			
NG PHYSIC filer this ce eath with t	ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigatio	28e. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY W	JURY AT ORK? YES 2 NO	28d. DESCI	RIBE HOW INJUR	Y OCCURE	D	
TTENOI TOR: A affer d	ETED 8	3 Suicide a Could not to determined	28s. PLACE OF INJURY building, atc. (Spe	f — At home, farm, cify)	street, factory, offi	ca		ION (Street end N. Town, State)	umber or Ro	ural Route Num	nber,
A PA	COMPLI		YSICIAN: To the beet of my know INER: On the basis of exemination							use(s) end mai	nner se stated.
TO THE HOSPI TO THE FUNEF De filed within	.0 BE (	29b. SIGNATURE AND TITLE OF CERTIF	Many "	10		29c. LICENSE NU D: 44	MBER 907	29d	. DATE SIG	NED (Month, C	Day, Year)
	F	30. NAME AND ADDRESS OF PERSON  Levindale Co	enothe cente	ATH (ITEM 27) (Type	14	uto m		21215	_ /		
N		31. DATE FRED (Month, Day, Year)	32 AEGISTHAR'S SIGN	NATURE 11	Do	7.50	0	-143			



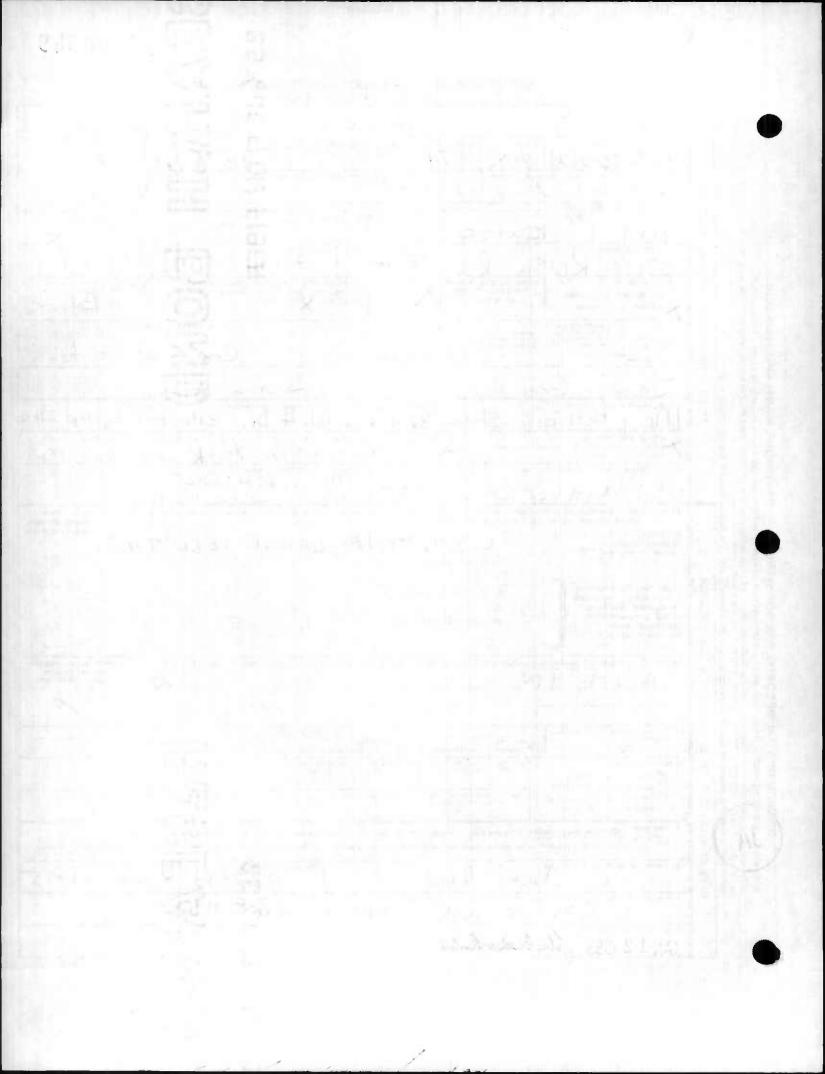
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEN		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1. OECEDENT'S NAME (First, Middie, Leat)  4. SOCIAL SECVRITY NUMBER  261–88–2208	5. SEX 8. AGIF (1)	n yrs. last birthday) 🔠	F UNDER 1 YEAR		2. DATE OF DEATH DATE OF DEATH	1903	3. TIME OF DEATH  8 10 A M  RTHPLACE (State or Foreign unity)  HUNGARY
TOR	9a. FACILITY NAME (If not institution, give str 8735 MEADOW HEIGH		hts Road	RANDAL	PR LOCATION OF DEA	тн	9c. COUNTY O	
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE	10c. CITY, 1	TOWN OR LOCAT	NDALLSTOV	VIN	10d. INSIDE CITY X LIMITS? 1 YES 2 NO	
FUNERAL	8735 MEADOW HEIGH	HTS ROAD	101. ZIP CODE 21133				WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ES 2 NO If yes, specify/Cuben, Mexican				ACE — American Indian, lack, White, etc. pecify: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in OWN)	done during mo etired.)	ON St of working CRMARKET	16b. KIND OF BUS	FOOD	Y
BE CON	17. FATHER'S NAME (First, Middle, Lest) MORITZ	KL	EIN		18. MOTHER'S NAME ROSE	E (First, Middle, Melden	Sumame) HIRSKOVI	ITZ
10	19e. INFORMANT'S NAME (Type/Print)  MR. HAROLD HIRSCI	Н	196. MAILING AE 873.	DRESS (Street a	nd Number or Rural Ro W HEIGHTS	the Number, City or Tow.	n, State, Zip Code) ALLSTOWN	N, MD 21133
20st METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Memoval from State 4   Donation 5   Other (Specify)							IAMI, FI	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	De	LITA			BROS., STOWN ROAI		MORE, MD 2121
	23. PART I Enter the diseases, or crahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on as	the death. Do not chiling.				ratory srrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST		CONSEDUENCE OF):					
7	PART II. Other significant conditions	contributing to death bu	it not resulting in t	he undarlyinç	causa given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICA		HOSPITAL: 1   Inpatient 2   ER/Outpa		THER:	ACE OF DEATH Check			
ВУ РНУ	27. Manual of DEATH  1 Henrel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT 2	8d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be datermined	28e, PLACE OF INJURY building, etc. (Special	2	81. LOCATION (Street e City or Town, Stete)	and Number or Run	al Route Number,		
COMPLETED		IAN: To the best of my knowle : On the beste of examination						e(s) end manner se stated.
TO BE C	24 BUGHATURE AND TITLE OF CERTIFIER  32 MANUAL AND ADDRESS OF PERSON WAS	collent reproduse of oel	TH (ITEM 27) (\$1,50), Ph		29c. LICENSE NUMB	ER C	29d, DATE SIGN	ED (Month, Day 197
	STONING 2 TELES 31. DATE FILED (Mohit), Day, Year)	ALDISTRAR'S SIGNA	TURE C	hosel	3 9/20		<del></del>	

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•		1. OECEDENT'S NAME (First, Middle, Last) RUTH G1.		NIOUS	2. DAT	TE OF DEATH	9 YEAR	3. TIME OF CEATH
should		237- 03-262 1 Bag FAFILITY NAME (If not institution, give atreet	and numbert	RS. MONTHS DAYS HO	URS MIN. (Mg		20 Countr	IV.C.
21215-0020 al or attending physician. for use as the burial-transit permit. Pages 1, 2, 3	СТОВ	Northwest 7	tospital Cent	21			12a	110
	DIRE	10a. STATE 10b. COUNTY	2alto 100	CITY, TOWN OR LOCATION	0-76			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	3701 KDII	ng Rd apt	TT	21144		10g. CITIZEN OF Y	HAT COUNTRY
	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1° YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify	ENT OF NISPANIC ORIG Cuban, Mexican, Puert NO Specify:		r No.— 14. RACE Black Speci	- American Indian, t, White atc. by: Black
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(Give kir (a) (1-4 or 5 +)	ENT'S USUAL OCCUPATION of of work done during most of NOT use retired.)  Stodian	working	Seneral		ces Admin
YLA by the be def	ш	17. FATNER'S NAME (First, Middle, Last)	50n1	16.	Sophia	, Middle, Melden Su	ermamo)	
be retained to ge 5 should e notified	TO B	196 INFORMANT'S NAME Type/Print)  ay atrici	á Shaw 32	ILINO ADDRESS (Street and N	umben & Rural Route Nu	mber, City of Town,	State, Zip Code)	y, md 21042
FORE of may rector, pa		209. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remova 1 Donation 5 Other (Specify)	from State 200. PLACE AND C	ATE OF DISPOSITION (Name provided and or other place)	1 PK %	195 ROCA	TION - City or To	run md
SALTIM r death. Page e funeral din al.		21. SIGNATURA OF FUNERAL SERVICE LICENS	B. Lat	- Man	ch F. H	west	AND	
nours at od in by or remo		23. PART I. Enter the diseases, or com- shock, or heart fallure. Lia IMMEDIATE CAUSE (Final	only one cause on each line.	Do not enter the mode of	of dying, such as ca	rdiac or reepire		Approximata Interval Between Onset and Death
within poletely cremati, the		disease or condition resulting in death) a	DUE TO (OR AS A CONSEQUEN	CE OF):	ARGE	CELL	TYPE	
OX 6876( be be executed with sicial and complete to burial, cruter traumatic eve	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	CE OF):				
P.O. B th certifical tending phy al Hygiene p	ERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	CE OF):				
CORDS irres that the d signed by the leath and Mer was any injur	MEDICAL C	PART II. Other significant conditions of	ontributing to death but not resul	ting in the underlying ca	use given in Part I.	24a. WAS AN AL PERFORMI 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 100
L Sept Sa	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OF DEATH (Check only	one)		
11 5 6 4	PHYSI		OSPITAL: Inpatient 2 ER/Outpatient 3 D  28a. DATE OF INJURY 28i	OA 4 Nursing Home 5		ner (Specify) ESCRIBE HOW INJ	IIDY OCCUPED	
ON OF DING PHYSIC After this cer death with th	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28a. PLACE OF INJURY — At home, f	M 1 YES		ESCRIBE NOW ING	ONT OCCURED	
VISIO AND AND AND AND AND AND AND AND AND AND	B	3 Suicide 8 Could not be 4 Homicide determined	CATION (Street and by or Town, State)	i Number or Rural F	loute Number,			
O PARTIE DE	COMPLET	amat .	i: To the best of my knowledge, death on the basis of examination and/or investigation.					) and manner as stated.
O THE HU	路	29b. SIGNATURE AND TITLE OF CERTIFIER	avi les	290	LICENSE NUMBER	333	DATE SIGNED	(Month, Dey, Year) 10, 1995
	10	30. NAME AND ADDRESS OF PERSON WHO C	MPLETEO CAUSE OF DEATH (ITEM 27)	BALTO.	MO T	1133		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			200		
		THIN T W 1999 June						



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ITAL OR ATTENDING PHYSICIAN	ALL DIFFETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	2
A	5	E

		RELEASED BY MEDICA	L EXAMINER PE	ER MR.	DAILEY			95	005 <b>50</b>
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPA CERTII	RTMENT 0	F HEALTH AND I	MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last)  CLOYED JOHNSON					2. DATE OF DEATH	™8 199 <del>5</del> ®	3. TIME OF DEATH 4:09 P
20		4. SOCIAL SECURITY NUMBER 227-14-7305	1 🔀 M 2 🗆 F	yrs. last birthday 73 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Feb. 13,	Cour	
2, 3 shou	DIRECTOR	9a. FACILITY NAME (If not Institution, give sti THE JOHNS HOPKI RESIDENCE OF DECEDENT				WN OR LOCATION OF DE IMORE CITY		9c. COUNTY OF	
physician. burial-transit permit. Pages 1, 2, 3 should		10a. STATE	Į.		TY, TOWN OR LO				10d, INSIDE CITY LIMITS? 1 V YES 2 NO
nsit permit	FUNERAL	100. STREET AND NUMBER 2718 E. Federal	Street			101. ZIP CODE 21213		10g. CITIZEN OF	WHAT COUNTRY?
ending physician, as the burial-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 XYES IF YES, GIVE WAR OR DATE	2 NO	if yes		NC ORIGIN? (Specify Yes in, Puarto Rican, atc.)	or No — 14. RAG	E — American Indian, ck, White, etc.
or use	LETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 1 completed) College (1-4 or 5+)		S USUAL OCCUP i work done during use retired.)	PATION g most of working	16b. KIND OF BUS	I SINESS/INDUSTRY	Black
the hospital detached f	COMPL	8th 17. FATHER'S NAME (First, Middle, Last)		Control	l Room (	Operator 18. MOTHER'S NA	Bethleh	em Steel	
5 should be notified at	핆	Whitfield Johnson 190. INFORMANT'S NAME (Type/Print)	on	1 Rosa Mason  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip					
be retained ge 5 should le notified	2	Timothy Johnson					imore, Mar		239
age 6 may be director, page or must be 1		20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State camate	LACE AND DATE	OF DISPOSITION other place) VAL MEM	N (Name of PARK	DATE 20c. LOC 1-12 LAU	CATION — CRY OF T	
r death. P to funeral al. examin		21. SIGNATURE OF FUMERAL SERVICE LICE	K. Qm	'es	Mare 110	l E. North	Home East Avenue/Ba	ltimore,	MD 21202
within 25 pletely fill remation, ent, the		IMMEDIATE CAUSE /Final	DUE TO (OR AS A C	h lina.				ratory arrest,	Approximats Interval Between Onset and Death  HRS
and and bur	ATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ARY ONSEQUENCE	ARTE OFFI	RY DIS	EAS E		YEARS
XI -	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):					
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or the third of the properties of	MEDICAL C	PART II. Other algorificent conditions	contributing to death but	4	In the under		Part I. 24a, WAS AN PERFOR 1   YES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
has been Dept. of 23 sh		DID TOBACCO USE CONTR					V 🖾		1 100 95.10
SICIAN: The certificate h the State Cd, or Item	YSICIAN:		HOSPITAL: 1   Inpetiant 2   KER/Outpeti	ant 3 DOA		one) Home 5 - Rasidenca	6 Other (Specify)		
NG PHYSI fter this c eath with marked,	ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY	WORK?	28d. DEŞCRIBE HOW II	YJURY OCCURED	
OR ATTENDING POTENTIAL STREET IN THE STREET GOATH TO SEE IS MAIN	ETED B	2 Accident Investigation 3 Suicide & Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify,	At home, farm,	atreat, factory, o	offica	28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
SPITAL OR A WERAL DIFFER TZ hours NTENT from	OMPLE		IAN: To the best of my knowled : On the basis of examination a						s) and manner as stated,
TO THE HOSE	W W	29b. SIGNATURE AND ITLE OF CERTIFIER	B. Steel	21	ne	29c. LICENSE NUN	10ER 7.658	29d. DATE SIGNE	(Month, Day, Year)
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3. REGISTRAR SOUNTLE

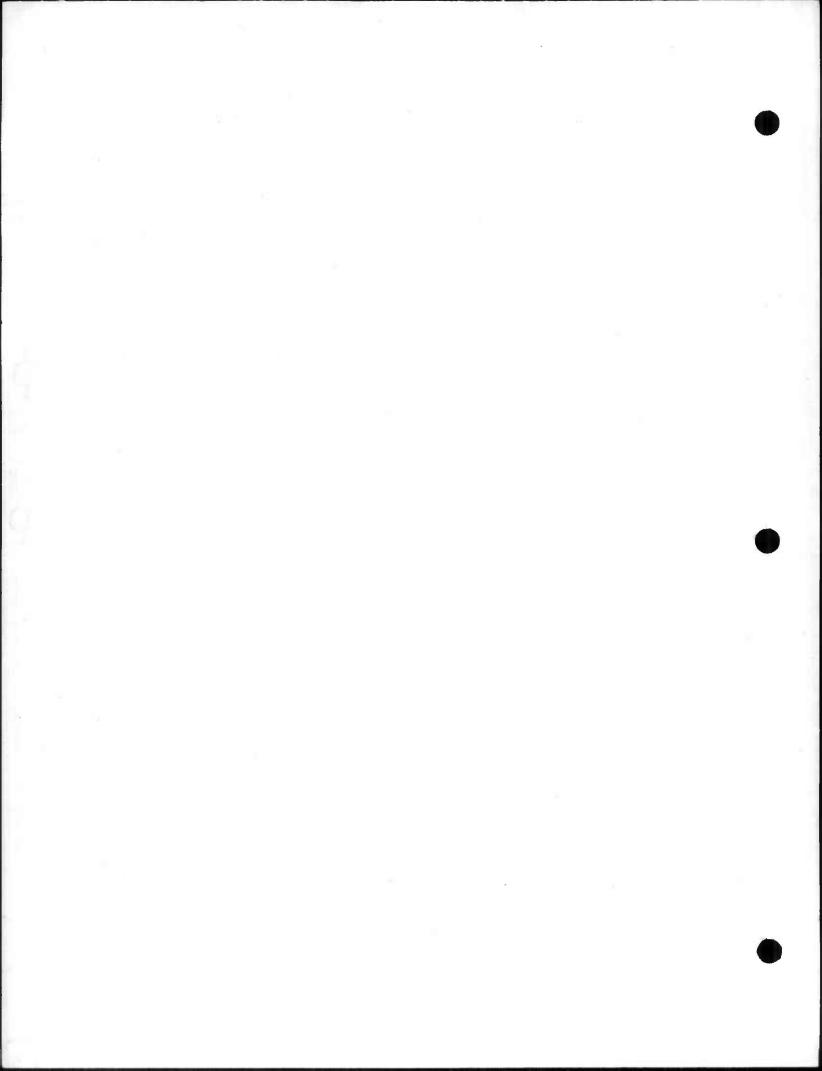
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31. DATE FILED (Month, Day, Year)

JAN 1 2 1995

Hopkins

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Pages 1, 2, 3

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. 1 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Heatth and Mental Hygiene prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. notified at 2 must medical examiner hours after death. the requires that the death certificate be executed within traumatic event, other t 6 any Injury. this certificate has been with the State Dept. of HOSPITAL OR ATTENDING PHYSICIAN: The law 23 6 marked, OIRECTOR: After the hours after death v 99 28 TO THE HOSPITAL OR AT TO THE FUNERAL OIRECT DE filed within 72 hours a IMPORTANT: If Item 2

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JAN 12 1993

95 00551 ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/23/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICKEY **JACOBS** JAN.06,1995 20:19 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🛛 M 2 🗌 F 36 YRS 219-62-7140 Sept. 9, 1958 Maryland Be. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL N/A BALTIMORE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A Baltimore 1 X YES 2 NO 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1755 Homestead Street 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, stc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cubs 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced Black ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) N/A llth N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme, Charles Jacobs 띪 Mynie Byrd 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Charles Jacobs 502 Stuyvesant Avenue/Trenton, N.J. 08618 20e. METHOD OF DISPOSITION
1 V Burlel 2 Cremetion 3 Rer
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, crematory or other place. arrison Forest Va Cem. 1-13 Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March Funeral Home East 1101 E. North Avenue/Baltimore, MD 21202 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock for heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition\_ . ACUTE ETHANOL AND NARCOTIC INTOXICATION resulting in death) OUE TO (DR AS A CONSEDUENCE DE) CERTIFICATION Sequentially liet conditiona, DUE TO (DR AS A CONSEDUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 THES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 - NO 1 ☐ Inpatient 2X☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER DF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 X ND P BY FOUND 1-6-95 2 Accident 28s. PLACE OF INJURY — At home, farm, streel, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 2723 FENWICK AVE. BALTIMORE, MARYLAND 3 Suicide COMPLETED 6)(X) Could not be 4 Homicide FOUND IN HOUSE 29e, CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(e) and menner as stated. 29b. SIGNATURE AND TATLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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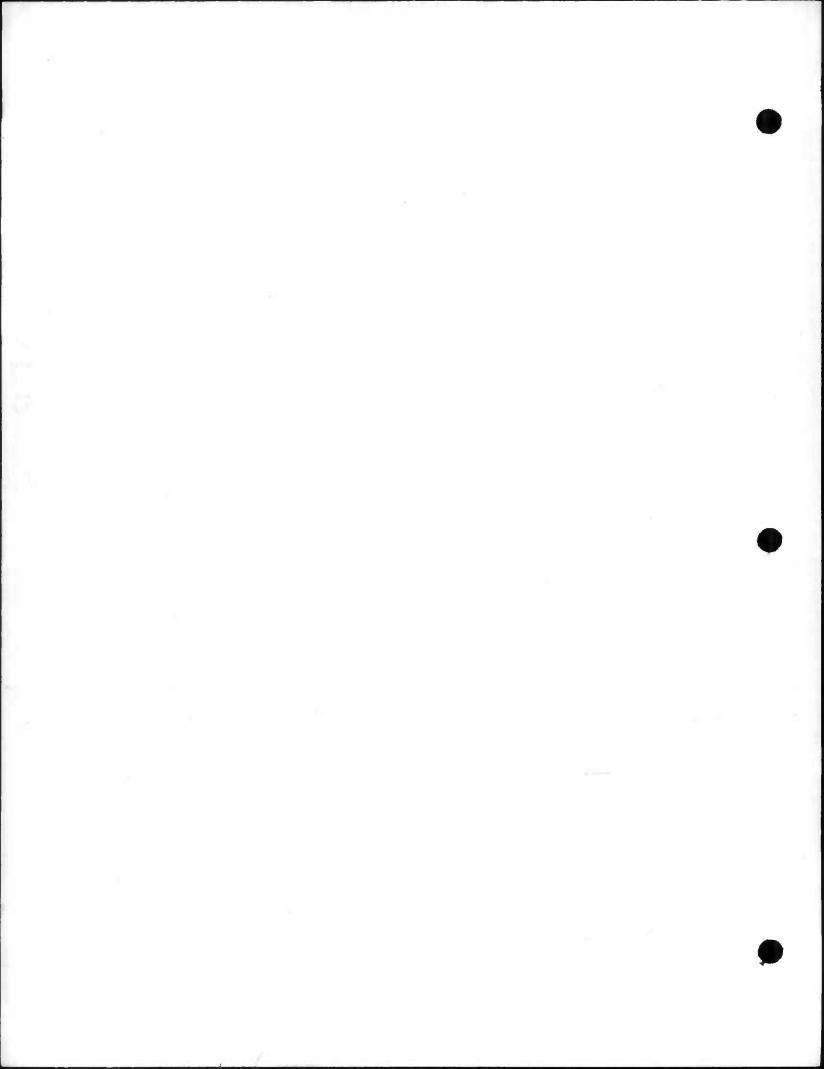
111 Penn Street, Baltimore, Maryland 21201

bute in

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July & Medis High & SIGNAT

JAN.07, 1995



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DIVISION OF VITAL	OR ATTENDING PHYSICIAN: TI	DIRECTOR: After this certificate has
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		1 - FOR STATE REGISTRAR	STATE OF MARY					EALTH DEAT		ENTA	REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	Y005	YEAR	3. TIME OF DEATH 1:30 P
3 should		JOSEPH JASKULSKY JAN . 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							OF BIRTH	.995	s. BIRTI	IPLACE (State or Foreign		
		217-01-4545	1 🖳 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year) RIL 17,	Country)		
	œ	9a. FACILITY NAME (If not institution, give :				9b. CITY			ON OF DEA	TH		9c. COUNTY OF DEATH		
1, 2, 3	СТОВ	606 LEAFYDALE TEN			L	BA	LTIM	ORE			BALTIMORE			
Pages	DIRE	10a. STATE 10b. COUNT		10c, CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?	
n. ansit permit. Pages	AL D	MARYLAND  100. STREET AND NUMBER			BA	LTIM 101.	ORE ZIP CODE		_	10g. CITIZEN OF WHAT C			1 ☐ YES 2 ☑ NO	
	IER/	606 LEAFYDALE TERRACE 21208									USA			
020 physician. burial-transit	FUNER	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 Y YES	8 2 NO	0	1 1	If wes, and	ocity Cuber	F HISPANIC n, Maxican,		l? (Specify Yea Rican, etc.)		14. RACE	— American Indien, k, White, etc.
215-00 attending p	В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES WW	II-A	RNY	1 TYES	2 X NO	Specify:				Speci	WHITE
5	ETED	15. DECEDENT'S EDU (Specify only highest grade	e kind of v	USUAL OF	CCUPATIO	N st of working	g	16b	KIND OF BUS	BUSINESS/INDUSTRY				
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	(1-4 or 5 +)  We. Do NOT use retired.)  FOREMAN					BETHLEHEM			HEM	M STEEL	
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	CITIT CITI							E (First, I	Middle, Maiden 3			
IE, MARYI ay be retained by page 5 should be t be notified at	BE	SIMON JA  190. INFORMANT'S NAME (Type/Print)	ASKULSKY						DA			MINK		
	2	MRS. TOBY JASKULS	3KY	196.	WAINING	- LEA	FYDA	LE T	ERRAC	ce E	SALTIMO	RE,	MD 2	1208
		20s. METHOD OF DISPOSITION 13. Surial 2 Cremetion 3 Rem	oval from State	b. PLACE AN			ITION /Nar	me of		DAT	E 20c. LOC	CATION —	City or To	wn, Stata
IMOR Page 6 ma al director, p		4 Donation 5 Other (Specify)		BNAT		OB	MAME AN	D ADDRES	S OF FACIL	9_0	5 BALT	TMOR	E, M	D
BALTIMORE ter death. Page 6 may to the funeral director, pag. wal.		Doe )				S	OL L	EVIN	SON 8	BR	OS., I			
at at		23. PART Enter the diseases, or	complications that cause	ed tha dea	th. Do r	ot antar	OTO	REIS	TERST	OWN	ROAD	BALT	IMOR	E, MD 2121
a of it		IMMEDIATE CAUSE (Final Onset and Deat												
hin tely mati		disease or condition resulting in deeth) a. Wy occurred Infraction										14.		
N 8 5 - 6	_	DUE TO (OR AS A CONSEQUENCE OF):												
O E	ITIO	Sequentially list conditions, If any, leading to immediate  DUE TO (QR AS A CONSEQUENCE OF):												
00 g & g = 1	FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
G the best so	ERTIFICATION	resulting in death) LAST												
S, ne dea the at Ment;	CAL CI	PART II. Other significant condition	ns contributing to death	but not ra:	suiting i	in the un	darlying	causa g	Ivan in Pi	irt I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
THE RE										_		VES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E ) shows	MED							/		_				1 YES 2 NO
2 2 2	SICIAN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE O	OF DEAT 26. PLACE				UNC	ERTAIN					
F VIT SICIAN: The certificate the State the State t, or item	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	₹:	5 🗆 Red	eldenca 6	☐ Other	(Specify)			
VISION OF VIT ATTENDING PHYSICIAN: TI ECTOR: After this certificate s after death with the Start 128 is marked, or iter	PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		26b. TIMI INJ	E OF URY	28c. INJU WOF		2	8d. DES	CRIBE HOW IN	JURY OCC	URED	
ON O DING PHYS After this death with	BY	2 Accident Investigation	28e. PLACE OF INJUR	Y — At hom	e. ferm. s	M M		ES 2		86 1.00	ATION (Street ar	ard Missenhous	ns Dural i	lauda Musebaa
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	ETED	4 Homicide 8 Could not be determined	building, etc. (Spe	ecify)	.,,		or y, ornee		'	City	or Town, State)	id Namber	or norm n	oute Number,
NL DIRI	PE		ICIAN: To the best of my know											
HOSPITAL FUNERAL within 72 h	COMPL		R: On the beals of examination	on end/or in	veatigatio	n, in my o	pinion, de	ath occure	ed at the tin	ne, date	end place, and	dua to the	r cause(s	) end menner es stated.
TO THE HOSPIT TO THE FUNERA De filed within ?	BE	296. SIGNATURE AND TITLE OF CERTIFIED	1/		29c. LICENSE NUMBER						29d. DATE	SIGNED	(Month, Day, Year)	
P P 3 %	2	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM	27) (Туре,	Print)				_		- 11	0,	>
15		J. Steplan MAR				nie	DQ	1.0	·~~	75	Nie/	2. No	12	1117.
1/		31. DATE FILED (Month, Day, Year) 1995	32 ANGISTRAR'S SIGN	LON- NOW	fall					, —				

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DIVISION OF VITAL RECORDS, P.O.	The same property of the same of
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HE CHAIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as howns after death. Page 6 may be retained by the hospital or attending physician.

FORTH CHAIN CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be writen in the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

ORTHAN PHILLIAM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	OI	F DEAT	TH		REG	NO

1 - FOR STATE REGISTRAR		STATE OF M		D / DEPART			MENTAL HYGIEN			
1. OECEOENT'S NAME (First, Middle, Last)							2. DATE OF OEATH		:	. TIME OF DEATH
AND	ANDREW REID JOHNSON						January	7, 19	95	6:45 A M
4. SOCIAL SECURITY NUM	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UN					IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	ACE (State or Foreign
	062-03-8826 1 7 M 2 F 89 YRS. MONTHS  9a. FACILITY NAME (If not institution, give street and number) 9b. CIT						NOV. 15,1			
Greater Ba			Cent			OR LOCATION OF O	EATH		timo.	
RESIDENCE OF DE		11001001								
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION			1	Od. INSIDE CITY
Maryland	Baltin	ore Coun	tv	Tows	on				1	YES 2 X NO
10e. STREET AND NUMBER						Of. ZIP CODE		10g. CITIZ	ZEN OF WH	AT COUNTRY?
616 Picaad	illy Ro	ad				21204-382	:1		U.S.	A.
11, MARITAL STATUS 1 Never Married 2	Manufact	12. WAS DECEDENT FORCES? 1	EVER IN U.S	. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No—	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4 Dive		FORCES? 1	OR DATES			S 2 NO Speci			Specify:	
15 DEC	EDENT'S EDUC	WWII	100	. DECEDENT'S US	NIAL COCURA	70				White
(Specify on	ly highest grade o	completed)		(Give kind of wor	rk done durina r	nost of working	16b. KIND OF BU	SINESS/INDI	USTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5+)		Manager			Insur	ance		
17. FATHER'S NAME (First, A	fiddle, Last)			1 1 1 1 1 1		18. MOTHER'S NA	ME (First, Middle, Maiden			
Andrew Re:		son					beth Palme			
19a, INFORMANT'S NAME (							Route Number, City or Tow		,	201 2021
Judith Co.		ison					Towson, Ma			
1 X Burial 2 Crematic	on 3 Aamo	val from State	cemeter)	crematory of othe	DISPOSITION (			CATION — C	*	
21. SIGNATURE OF FUNERA		ENSEE //	DLU	ra krage		AND ADDRESS OF F	12 Pik	esvii	1e, 1	aryland
1	205	Ja # >			Mite	hell-Wie	defeld Hom			
1011	and the	curs /			6500	York Rd	. Baltimor	e, Ma	rylar	nd 21212
23. PART I. Enter the dishock, or h	llaeasea, or co naart failure. L	omplications that list only one caus	caused the	death. Do not	t entar tha n	ode of dying, suc	ch as cardiac or resp	iratory arre	oat,	Approximate interval Between
IMMEDIATE CAUSE (FI										Onset and Death
disease or condition resulting in death)	<b>→</b> .	Kes	> hat	ary	Fall	use				244
		DUE TO (COMPE	OR AS A COI	NSEOUERCE OF):		-				
Sequantially list condit	lons b	6.000	stiv	e 140	4	+4110	re			
if sny, laading to imme cause. Entar UNDERLY	diata	DUE TO (	OR AS A COI	VSEOUENCE OF):	. 0	5 1	2-1			à wech
CAUSE (Disease or Inju	ing c	ACHTE	. Jan	NSEQUENCE OF:	- ~ ~	- var	colle			a week
that initiated eventa reaulting in death) LAS	т	DOE 10 (	OH AS A COI	ASEQUENCE OF):						i l
	d.		-							
PART II. Other significa	ant conditiona	contributing to	leath but n	ot reaulting in	the undarlyi	ng cause given in	Part i. 24s. WAS AN			ERE AUTOPSY FINDINGS
							PERFOI		C	MARLABLE PRIOR TO OMPLETION OF CAUSE
								- C#	1	F DEATH?
DID TOBACCO U	ISE CONTR	IBUTE TO CAL	JSE OF D	EATH YES	□ NO I	UNCERTAI	N D			
25, WAS CASE REFERRED T EXAMINER?	O MEDICAL			LACE OF DEATH						
1 YES 2 NO		HOSPITAL:	ER/Outpetlar		OTHER:	me 5 🗆 Rasidenca	8 Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF I (Month, Day	NJURY Vent	28b. TIME (	OF 28c. If	JURY AT	28d. DEŞCRIBE HOW	NJURY OCC	URED	
	Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			YES 2 NO				
0 0 0 1-14	Could not be	28a. PLACE OF	INJURY — A	t home, farm, str	et, factory, off	ca	281. LOCATION (Street City or Town, State)	and Number	or Runsi Rou	rte Number,
4 Homicide	detarmined		ter (apostry)				Only of Town, State,			
29a. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best of n	ny knowledge	, death occurred	at the firme, de	e and place, and due	to the cause(s) and ma	nner as atate	id.	
										nd manner as stated.
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the filme, data and placa, and due to the cause(s) and manner as stated,  29b. SIGNATURE AND TYPE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)										
willing	how	clon	m	MS		042	129	•	-	8-95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) WILLIAM D. McConnell 500 W. University Baltimore 21209										
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR			o W. U	nivers.	12/14	, ~~	and	31908
IBN 1 9 100	//	Munico					*			

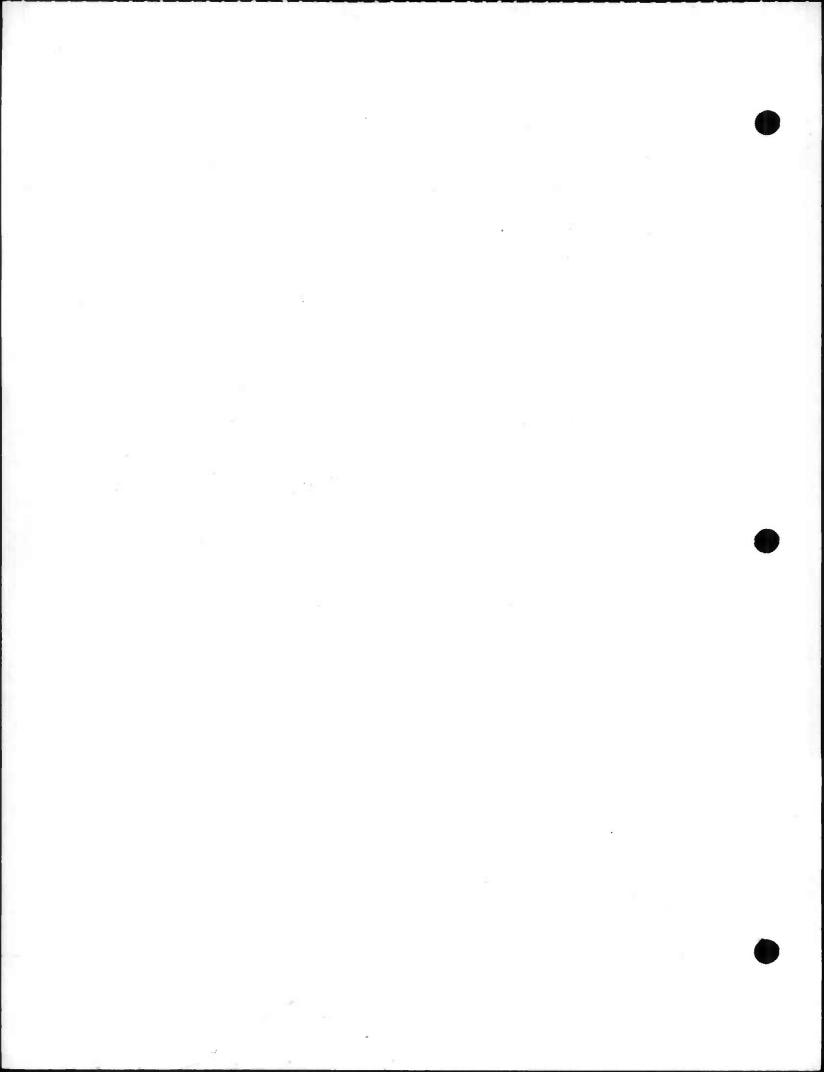
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH			
	IRENE JEA	NETTE KERNO	DLE			JANUARY 1	0 199				
3	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BURTH	Lan	RTNPLACE (State or Foreign			
	229-14-2242		75 YRS. MO	NIHS DAYS	MOURS MIN.	Oct. 4,	1919 V	inginia			
~	9a. FACILITY NAME (If not institution, give s				R LOCATION OF D		9c. COUNTY C				
D I	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY			
	Md. Balt	Limore	Bax	ltimon	e			1 YES 2/2040			
IAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2814 Erie Ave.				21234		U.S.A.				
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Youn, Puerto Rican, atc.)	Black, White, etc.				
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2000 Speci	fy:	s	specify: White			
ED	15. DECEDENT'S EDU- (Specify only highest grade	CATION COMP(ethod)	16a. DECEDENT'S USL	JAL OCCUPATIO	N and for	16b. KIND OF BI	JSINESS/INDUSTR	Υ.			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		si or working	,,					
MP			Homemak	ren		Hom	e				
응	17. FATHER'S NAME (First, Middle, Last)  Unknown					AME (First, Middle, Maide	n Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)					nown	_				
임	Mr. John W. G	. e A A Wein				Route Number, City or To		,			
	20a, METNOD OF DISPOSITION	20h	PLACEANDDATEOFD				OCATION - City o	r Town State			
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	ulaney	alley	Cem.	1/12 B					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AR. NAME AND ADDRESS OF MAILLY FUNERAL HOME  7527 Hanford Rd. Balto., Nd. 21234										
	23. PART . Enter the diseases, or o	complications that caused	the desth. Do not					Approximate			
	IMMEDIATE CAUSE (Final	List only one ceuee on e						Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  STAGE CARDIO MOPATHY  Onset and Desth										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentielly liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
AT	if sny, leeding to immediate cause. Enter UNDERLYING	CAD	5511525521152 51 j.	Arrl	74hM	19		i			
F	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):		11.11.						
CERTIFICATION	resulting in deeth) LAST	. COPD									
AL C	PART il. Other significent condition	e contributing to deeth be	ut not resulting in th	ne underlying	ceuee given in	Part I. 24e, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CA						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC,						1 _ YES	2   NO	OF DEATH?  1 YES 2 NO			
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	NO 🗆	UNCERTAI	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C								
YSI	1 VES 2 NO	HOSPITAL: 1 Inputlant 2 ER/Output		THER:  Nursing Home	5 🗆 Rasidence	8 Other (Specify)					
	27. MANNER OF DEATH  Natural 5 Pending	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOI	RK?	28d. DESCRIBE NOW	INJURY OCCURED				
à	Accident Investigation	28e. PLACE DF INJURY	At home form store	M 1 7	ES 2 NO						
<b>₽</b> 4	6 Could not be determined	building, etc. (Speci	ity)	t, tactory, office		261. LOCATION (Street City or Town, Stets	end Number or Hu )	rei Houte Number,			
N	CERTIFIER PO CERTIFYING PAYS	CIAN: To the heat of my knowl	nder dooth convert at	dha dana data			geelssaen				
COMPL		CIAN: To the best of my knowledge.  R: On the bests of examination						se(a) and manner as stated.			
E C	290. SIC ATURE AND TITLE OF CERTIFIER				29c LICENSE NU			NED (Month, Day, Year)			
00	Kay Mon & A.	were mg			1)34	184	D 111	0/95			
2	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	1)	- 7 /	) \/-	- 1	,			
-	KAYMOND A.			7801 Y	ORIC KS	#300,	100050	~ mo21204			
	JAN 1 2 1995	32. REGISTRAR'S SIGNA	Soll			•					

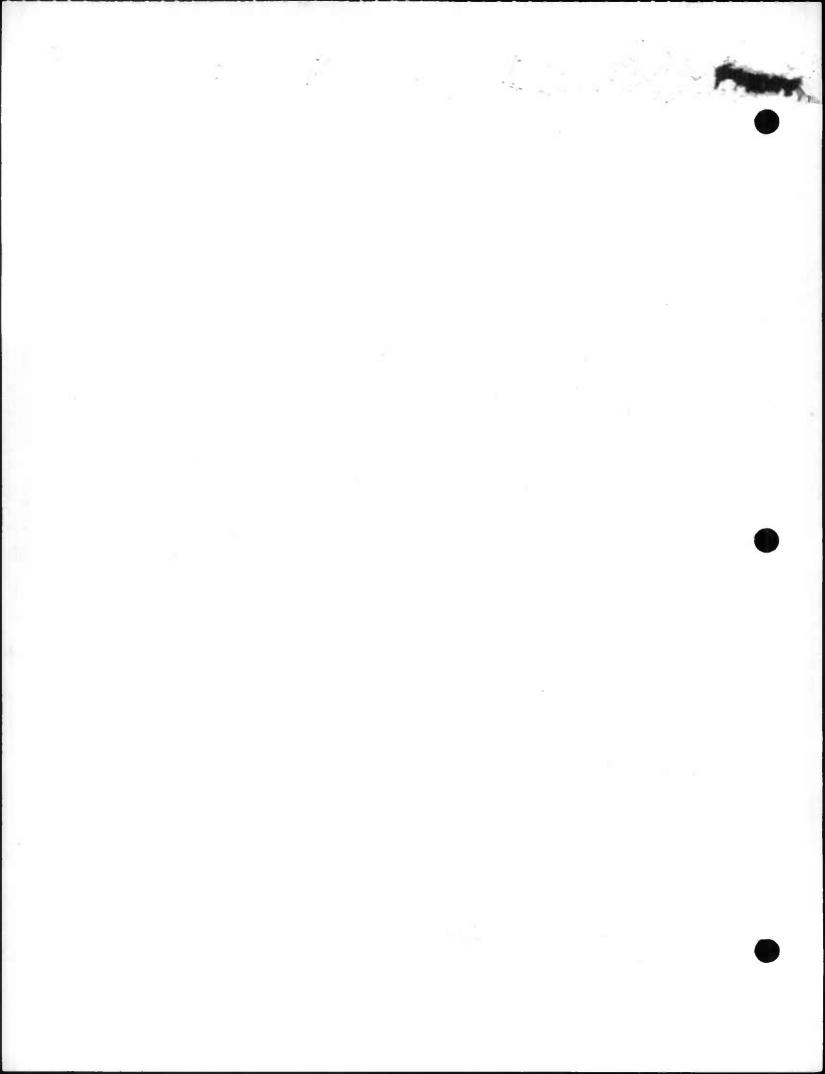


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the floath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEI		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ĝ	Marie Veroni	ca LaMartina				January 9	9 1995	3:00 A M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	213 26 8150	1 M 2 X F 80	YRS. MON	ITHS DAYS	HOURS MIN.	(Month, Day, Year) 04 26 14	M	arvland
	9e. FACILITY NAME (If not institution, give str	eet and number)	9b.	CITY, TOWN OR	LOCATION OF O			Y OF DEATH
FUNERAL DIRECTOR	Horizon Special	ty Center		Baltimo	ore City	7		
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY. TO	OWN OR LOCATIO	ON .			10d, INSIDE CITY
HIC		timore		lgate	,,,			LIMITS?
7	10e, STREET AND NUMBER	HIOTC	1 4		ZIP COOE		10g, CITIZE	N OF WHAT COUNTRY?
EB/	420 South 53rd	d. Street		1000	21224		USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L	U.S. ARMED	13. WAS DECEN	NDENT OF HISPAN	NC ORIGIN? (Specify Y		I. RACE — American Indian,
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ES NO		Ify Cuban, Maxica □ NO Specif	n, Puarto Rican, etc.)		Black, White, etc. Specify:
					41		W	hite
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of	ATION 1 completed)	(Give kind of work life, Do NOT use ret	done during most	of working	16b. KIND OF BI	USINESS/INDUS	STRY
, E	Elementary/Secondery (0-12)	College (1-4 or 5+)	Salepers			Depar	tment s	Store
OME	17. FATHER'S NAME (First, Middle, Last)		Darepers		10 MOTHER'S NA	ME (First, Middle, Maide		orore
	John Valentine					ca Fink	n Sumeme)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street and		Route Number, City or To	wn. Stata. Zio Co	ode)
2	Phyllis Orvis					o.,Md. 21		,
	20a. METHOD OF DISPOSITION		LACE AND DATE OF DI	SPOSITION (Neme				y or Town, Stata
	1 CBurial 2 Cremetion 3 Ramor	rel from State cemete	ery, cremetory or other p	olece) edeemar	. Com 1-	11-95 Ba	ltimore	e.Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND	ADDRESS OF FA	CILITY		
	> Charles	D. Jules		Charte	s s. ze	iler & Son Ave. Balto	n Inc.	
	23. PART i. Enter the diseases, or co	emplications that caused t	the deeth. Do not e	enter the mode	of dying, auc	h as cerdiec or ree	piratory erres	t, Approximate
	iMMEDIATE CAUSE (Final	let Dnly one ceuse on eec	th line.					Interval Between Onset and Death
	disease or condition resulting in deeth)	DUE TO (OR AS A C	5 (					
	Today, in addition	DUE TO (OR AS A C	ONSEQUENCE OF):					
z	Sequentially list conditions,	C) thank	uTt					
CERTIFICATION	if any, leeding to immediate	OUE TO (OR AS A C		21				
5	CAUSE (Disease or injury	DUE TO (OR AS A C	CALL /	(lab)	)ac			
	that initiated events resulting in deeth) LAST		ant Ame.					j l
S	d.							
AL.	PART II. Other significent conditions	contributing to death but	not resulting in th			Part i. 24s. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	- 1 D Curant		51	150	7.6	1 YES		COMPLETION OF CAUSE OF CEATH?
ME	2 DANKINS				Wille	_	/	1 TYES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAIL	1 D		
IC.		HOSPITAL:		HER:				
14S	1 VES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpati	26b. TIME OF			6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK	(? ∩ NO	26d. DEŞCRIBE HOW	INJURY OCCUP	4ED
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- At home, farm, atreet		3 1 10	26f. LOCATION (Street	and Number or	Rural Boute Number
	4 Homicide 6 Could not be	building, stc. (Specify,	)			City or Town, State	9)	
E	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowled	fine death occurred at	the time date or	nd place, and due	to the sources and m		
COMPLETED	1	On the besis of examination a						
	29b. SIGNATURE AND TITLE OF CERTIFIER	20		-	29c. LICENSE NUN			IGNED (Month, Day, Year)
BE	X	VI		1	W C W	77(	DATE S	/ S C
임	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OEAT				0,0	1	(0)
	DK. Simon V. S	calia 2	900 F	· fals	timore	e ST.	BAI	TO. MD.21224
	31. DATE FILED (Month, Day, Year)	22. TEGISTRO'S PIGNAT	URE	1.73	. 101		1110	/
1	JAN 1 2 1995 Jahr	With the same of t						



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	STA	TE OF N	MARYLAND /	DEPARTMENT O	F HEALTH AND	<b>MENTAL HYGIENE</b>
r	F.H.	Filn	m#G-71	9 01/12/	95 R.M.	

	REGISTRAR		CERTIFIC	CATE O	F DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
	EDNA LETSCH					Jan.	Q 1	9195	21.27 n M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF	BIOTH	e Bierr	HPLACE (State or Foreign
	212-16-9079 1 🗆 M 2 🗓 F	79		ONTHS DAY	-	March	14,1915	Mai	yland
E I	9a. FACILITY NAME (If not institution, give street and number) St. Agnes Shurch HOSPIT	AL			N OR LOCATION OF D Baltimore			OUNTY OF	OEATH
DIRECTOR	RESIDENCE OF DECEDENT								
JE I	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO					10d. INSIDE CITY
	Maryland Baltimo	re		<u></u>	lestowne				1 TYES 2 NO
FUNERAL	749 Westhills Parkway				101. ZIP CODE 2122	29	10g.		WHAT COUNTRY? S.A.
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDE FORCES?  IF YES, GIVE	NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED	Il yes,	Specify Cuban, Maxico (ES 2 NO Specif	an, Puarto Rica		Bia	E - American Indian, ck, Whita, atc. city: White
	15. DECEDENT'S EDUCATION	16a.	DECEDENT'S U	SUAL OCCUP	ATION	16b. KIN	D OF BUSINESS	INDUSTRY	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5		(Give kind of wo life. Do NOT use	rk done during	most of working				
ᆲ	12		ata Pr	OCESSO	r	St	ate Of	Maryl	and
8	17. FATHER'S NAME (First, Middle, Last)		aca 11	CCCSSC		AME (First, Midd	le, Maiden Surnam	e)	
	George March				Estella			-7	
BE	19a, INFORMANT'S NAME (Type/Print)	T	19b. MAILING A	DDRESS (Stre	et and Number or Rural			Zip Code)	
2	William Lane Letsch (So	n)	5013 D	urham	Road West	Colum	bia Mar	yland	1 21044
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □XCremetion 3 □ Removal from State	cemetery.	EAND DATE OF crematory or other	er pjace)		DATE	20c. LOCATION	-	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SUBJECT LICENSEE		o Crem	atory	01-11-		Catons	ville	, Maryland
	21. SIGNATURE OF PUNEHAL BUINCE LICENSEE	1/ 1	)	Lero		sell C			eral Homes
	23. PART I. Enter the diseases, or complications th	11-4	double Double	11630	) Edmondso	n Aven	ue Cato	nsvil	le Maryland
	ahock, or heart fellure. Liet Dnly Dne ce	use on each i	ine.	t enter the	mode of dying, suc	ch as cerdiac	or reapiratory	srreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition								Onset and Death
		RESPIRA	TORY D	ISTRES	SS_SYNDROM	Œ			3 Wks.
	DUE TO	D (DR AS A CON	SEQUENCE OF):						
CERTIFICATION	Sequentially list conditions,	OR AS A CON	SEQUENCE OF						Years
Ă	cause. Enter UNDERLYING								
윤	CAUSE (Disease or Injury C.	O (OR AS A CON	SEQUENCE OF:						1
E	resulting in deeth) LAST								1
S	d								
	PART II. Other algnificent conditions contributing to				100	Part I. 24	PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	Diabetes Mellitus, ASCVD	, Cirrh	osis o	f Live	er	10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
						X			1X YES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTI	E TO CAL	JSE OF	DEATH	YES NO				
Ă I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (C)	neck only one)			
SE	EXAMINER?  1 ☐ YES 2 ▼ NO HOSPITAL:  1 ☐ YES 2 ▼ NO	☐ ER/Outpatient		OTHER:	Iome 5 - Rasidenca	6 Other /Sr	pecify)		
ቷ	27. MANNER OF DEATH 26s. DATE O	F INJURY	28b. TIME	OF 28c.	INJURY AT		BE HOW INJURY	OCCURED	
	1 X Natural 5 Pending	Day, Year)	INJU	RY	WORK?				
D 8Y	3 Suicide 28s. PLACE	OF INJURY — At	home, larm, str			281. LOCATIO	N (Street and Nun	nber or Rural	Route Number,
ш	4 Homicide determined building	i, atc. (Specify)				City or To	own, State)		
٦ ا	29e. CERTIFIER (Check only 1 📉 CERTIFYINO PHYSICIAN: To the best of	n my knowledge	death occurred	at the time	ate and place, and dur	to the council	and manner co	atated	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of								(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU				D (Month, Day, Year)
띪		ken (	D. no						
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL				D0496	14		Jan.	10, 1995
					O Catan A		al+4-		21220
	Dr. William J. Hicken St 31. DATE FILED (Month, Day, Ybar) 192. RESISTR	Agnes	nospi	Lal 90	o caton A	ve. B	altimor	e. Mo	. 21229
	JAN 1 2 1995	ingen-kondi	n.c.y						



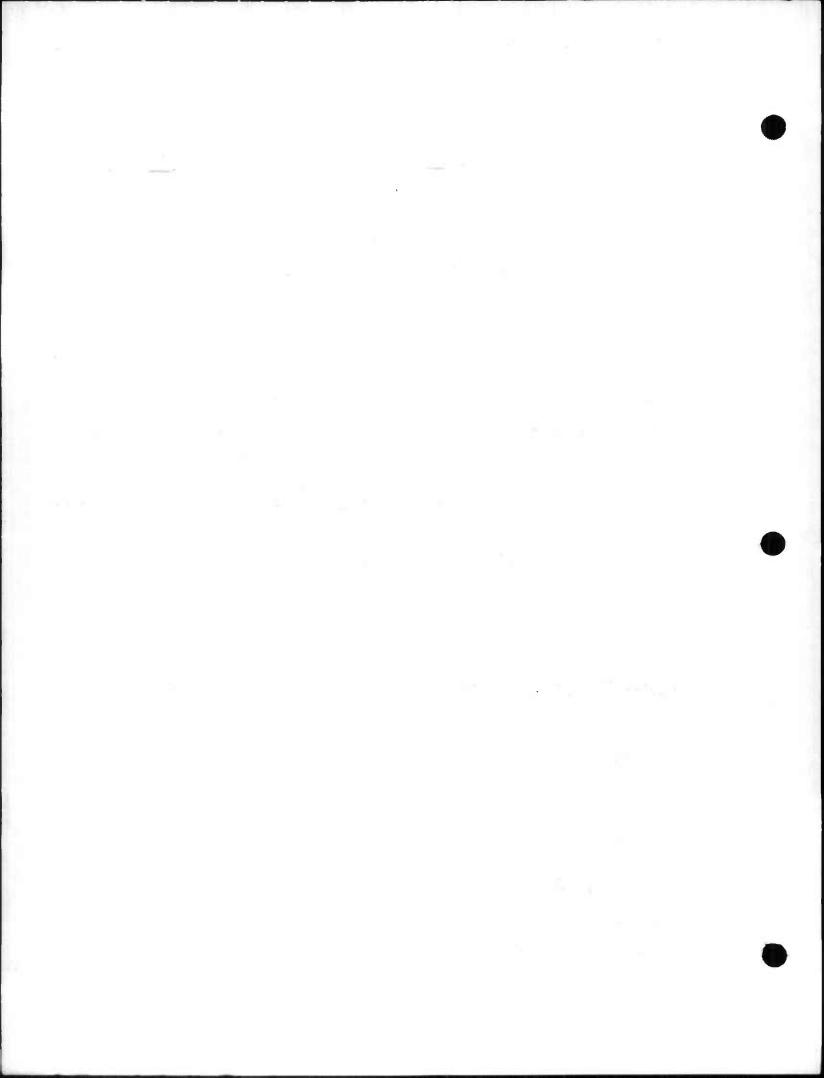
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	STATE 0	F MARYLAND	/ DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
19b	1-19-95	FilmG719	W.H.Per	F/H				

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H		MENTAL HYGIEN			
- 5	1. DECEDENT'S NAME (First, Middle, Lest)	MockE Claud	ine Chr	istine C	range-	2. DATE OF DEATH DO NONTH DO N	AY 95		
	4. SOCIAL SECURITY NUMBER  213-14-2305  96. FACILITY NAME (If not institution, give s	1 □ M 2 🎇 F	yrs. lest birthdey) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN.  PR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Forei	
TOR	Good /Samaritan F	ospital		Balti	more		N/A		
DIRECTOR	MD 10b. COUNT			y, town on Locat Saltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1807 Hillenwood A	venue Road		100	. ZIP CODE 1239		U.S.	F WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexican 2 NO Specify:		8	ACE — American Indian, leck, White, etc.	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		USUAL OCCUPATION work done during mose retired.)			SINESS/INDUSTR	Y	
COMPLET	11-th th 17. FATHER'S NAME (First, Middle, Lest)	N/A	House	keeper		AE (First, Middle, Maiden	STIC Surname)		
TO BE	John C. Orange  190. INFORMANT'S NAME (Type/Print)  Eunice Prange	Orange		ADDRESS (Street a			n, State, Zip Code		
	20e_METHOD OF DISPOSITION 1/8 / Surial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	oval from State 20b. P	LACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or		
	21. SIGNATURE OF FUNERAL SHIPS ELEC	the L.C	Ine	March 1101	E. North	Home East Avenue/Ba		, MD 21202	
	23_PART I. Enter the seeses, or ahock, of heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SEPSI DUE TO (OR AS A C	SONSEQUENCE OF	F):				Approximate interval Bate Onset and I	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. SEVERE ISCHEMIC GRONARY ARTHERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
4	PART II. Other algnificant condition	SENAL DISE	ASE	in the underlying	PERFORMED?		A4b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?		
O BE COMPLETED BY PHYSICIAN: MEDICA	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  HOSPITAL: OTHER:								
HYSI	1 VES 2 IVNO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY	28b. TIM	E OF 28c. INJ	s 5 Realdence (	28d. DESCRIBE HOW I	NJURY OCCURED		
ED BY F	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	(Month, Day, Year)  28e. PLACE OF INJURY — building, stc. (Specify	- At home, ferm,	M 1 1	RK? /ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,	
COMPLETE	29a, CERTIFYING PHYSI	CIAN: To the best of my knowled							
BE COI	29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination of	mazor investigatio	n, in my opinion, d	29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEAT	pro-		0-672			1.8.95	
	31. DATE FILED (Month, Day 20er) 1995	32 AEGISTRAS; SIGNAT	URID Charles	2001 4	SCH KAVI	EN BLVD	KALIII	40RE 212:	

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT OF I		TAL HYGIENE REG. NO.	
		urley May	o Sri	2, D/ MG	ATE OF DEATH DAY	YEAR 1050 PM
	4. SOCIAL SECURITY NUMBER  227 - 14 - 7196  90. FACILITY NAME (If not institution, give s	1 M 2 □ F 80 €		HOURS MIN. (M		8. BIRTHPLACE (State or Foreign Country) N. Carolina
TOR	GOD SAMANTAY RESIDENCE OF DECEDENT	NusiNG-C		OR LOCATION OF DEATH		N/A
L DIRECTOR	MD N/		Baltimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2301 Pentland Dri			21234	τ	U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO If yes, s	CENDENT OF HISPANIC ORI pecify Cuben, Mexican, Puer S 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 Complete(d) 16 College (1-4 or 5+)	Be. DECEDENT'S USUAL OCCUPATI (Give kind of work done during m life. Do NOT use retired.)  LABORER		BETHLEHEM	
	17. FATHER'S NAME (First, Middle, Last)  Robert H. Mayo	N/A		18. MOTHER'S NAME (Fin	st, Middle, Melden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Gracie Lucille	Mavo	196. MAILING ADDRESS (Street 2301 Pentland	and Number or Rural Route N	umber, City or Town, State, Zip	ore, MD 21234
	29. METHOO OF DISPOSITION 1 \( \text{D} \) Burlal 2 \( \text{Cremation} \) Cremation 3 \( \text{Rem} \) Rem 4 \( \text{Donation} \) Other (Specify)	ovat from State 20b. PL	LANE Y or other place)	ame of O	ATE 20c. LOCATION — C	City or Town, State
	21. SIGNATURE OF FUNESIAL SERVICE LI	the K. G	MARCH	ND ADDRESS OF FACILITY FUNERAL HONE. North Ave	ME EAST	re, MD 21202
ION	Sequentially list conditions, if smy, leading to immediate	LIST Only one cause on ascr	C LWG CA		ardisc or respiratory sm	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in deeth) LAST	cDUE TO (OR AS A CC				
MEDICAL	PART II. Other significant condition DEMENTIA, MA	es contributing to deeth but	not resulting in the underlyin	g ceuse given in Part I.	246. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO	24b. WERE AUTOPSY PINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	QTHER:	LACE OF DEATH (Check only		
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.		DESCRIBE HOW INJURY OCC	UREO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, factory, office	26f, L	OCATION (Street and Number of Town, State)	or Rural Route Number,
COMPLETE			ge, death occurred at the time, date			
TO BE C	296. SHOW THE AND SITUADE CENTURES			D2898	7 29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHE CARL SPERLING, A  31. DATE FILED (Month, Day, Year)	1P. 5601 LC	PCH RAVEN BLI	ND 21230	7	
	17 AL 1 2 1005	32. AEGISTRAR'S SIGNATU	Kardall			



AND 21215-0020	
, MARYL	
BALTIMORE	
58760,	
.O. BOX 68	

DIVISION OF VITAL RECORDS, P.

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SPIRE OR ATTENDING PHYSICIAN: The law requires that the de	fter this certificate has been sign
USPITAL OR ATTENDING PHYSICIAN: The law requires that the di	certificate has been sign

attending physician. se as the bunal-transit permit. Pages 1, 2, 3 should TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the host TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT LATIN 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGIOTRAN		ENTITIC	AIE UF	DEATH	REG. NO		
	t. DECEDENT'S NAME (First, Middle, Last)	LoorE				2. DATE OF DEATH DO	O 95	3. TIME OF DEATH
	Mul AM JAMA	SEX 6. AGE (In yrs. I		F UNDER I YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth Day, Year)	8. 9IR	ITNPLACE (State or Foreign intry)
	9e. FACILITY NAME (If not institution, give street a	and number)	9	b. CITY, TOWN	B LOCATION OF DE		9c. COUNTY OF	POINIC
DIRECTOR	RESIDENCE OF DECEDENT	1.tal		Dall	INOVE			
Ĭ Ĭ	10e. STATE tob. COUNTY	4	t0c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY
	Maryland Hou	vard		1 20			T	t X YES 2 NO
FUNERAL	108 Cradle F	Pock Way		6	21645		U	S Q
	1 Never Merried 2 Merried	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	NO BWED	If yes, sp	ecity Cuben, Mexice	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14. RA	CE — Americen Indien, ack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		t   YES	2 NO Specify	<i>r</i> :	1	egro
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted) (	Give kind of worl	UAL OCCUPATION done during mo	ON est of working	16b. KIND OF BUS	SINESS/INDUSTRY	
님	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	one one			Home	0/0	la vo i no
COMPL	17. FATNER'S NAME (First, Middle, Last)	. 1	701110	7110	18. MOTNER'S NA	ME (First, Migdle, Maiden		anny
BE C		Thompson	$\eta_{-}$		ma	riah T	homp	son
0	194 INFORMANT'S NAME (Type/Print)	1 1	96. MAILING AC	DRESS (Street	and Number or Rural I	Poute Number, City or Tox	n, State, Zip Code)	101045
	UeaneThe Hin	205 81 461	(dd)	Cak	and	MILL	יטוטי	
	1 Buriel 2 Cremetion 3 Removal f 4 Donation 8 Other (Specify)	from State	rematory or other	DISPOSITION (NE	men.	DATE 20c. LO	Kridge	o. Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	0 10	`	122 HAME AT	D ADDRESS OF FA	Russ f	meral	Home
	Joseph &	. Tus		226	20 W.	north are	, Batt	o, Md.
	23. PART. Enter the diseases, or comp shock, or heart failure. List i	plications that caused the d Dnly one cause on each lin	leath. Do not	anter tha mo	da of dying, auci	h aa cardiac or reapi	ratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	e = 1 .	1		1			Onset and Death
	resulting in death) a	DUE TO (OR AS A CONS	EOUENCE OF):	acco	dha!			2 0 mg/
NO	Sequentially list conditions,							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EQUENCE OF):					
FF	CAUSE (Disease or Injury c. — that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):					
ERT	reaulting in death) LAST							
	PART II. Other aignificant conditions con	ntributing to death but not	reaulting in t	tha undariying	cause givan in	Part I. 24a. WAS AN	AUTOPSY 24	4b. WERE AUTOPSY FINDINGS
EDICAL	CHYNE PEWA	/	. 0	chad	+	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEC							2110	OF DEATN?
	DID TOBACCO USE CONTRIBU				UNCERTAIN	4 D		
PHYSICIAN:		BPITAL:	CE OF DEATH (	Check only one) THER:				
HYS	27. MANNER OF DEATN	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY	28b, TIME O		e 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW II	HIER OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK?	200. DEGCNIBE NOW II	NOONT OCCURED	Sec.
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, stre	et, tectory, office		281. LOCATION (Street e City or Town, State)	and Number or Rura	f Route Number,
COMPLETED	4 Nomicide determined					ony or rown, olatoy		
길		To the best of my knowledge, d						
SON	2 MEDICAL EXAMINER: On	the baels of examination end/or	Investigation, I	n my opinion, d	eath occured at the	time, date end pleca, en	d due to the ceuse	e(s) end manner es stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM	IBER	29d. DATE SIGNE	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COI	MPLETED CAUSE OF DEATH (IT)	FM 27) /3ma flui	nt)	11136	98	7 1//	0/95
	la l	CIA MIS	P	n Sice	W. Klei	1.1 a	1/2 1	2/223
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		1. 3660	ا مرا این	11.1100	2// "	4 6/263
	JAN 1 2 1995 July	n outworker handel						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	certificate
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, , , , , , , , , , , , , , , , , , ,	DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
	DING

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the second attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 STATE REGISTRAR		CE	SHIIF	ICALE C	F DEATI	Н	R	EG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)					_		2. DATE OF C	DEATH			3. TIME OF DEATH
	IDA R.				MILLISO	N		JANUA	RY 8	,199	5 YEAR	6:05pm m
	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA	R IF UNDER 24	HRS.	7 DATE OF B	HETN			PLACE (State or Foreign
	220-48-2490	□ M 2 □yF	92	YRS.	MONTHS DAY		MIN.	(Month, Day	( Year)	2	Country	EXAS
1	9a. FACILITY NAME (If not institution, give street				at 0/7/ 70/	N OR LOCATION			0,190			
œ					1			ATH			NTY OF DI	
2	NORTH OAKS HEALTH	CENTER			BAI	TIMORE				BAI	LTIM	DRE
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					Т	10d. INSIDE CITY
E	MARYLAND BA	LTIMORE	3									LIMITS?
	10e. STREET AND NUMBER	LITINORE		<u> </u>	BAL	TIMORE						1 YES 2 XNO
A I						10f. ZIP CODE			İ	10g. CITI	IZEN OF W	HAT COUNTRY?
Ä	725 MT. WILSON LAN					2.	1208	3			USA	
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Married	PORCES? 1	T EVER IN U.S. AR	MED	13. WAS	ECENDENT OF specify Cuban,	NISPANI	C ORIGIN? (Sp	pecify Yes o	or No-	14. RACE Black	American Indian, White, etc.
B⊀	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 NO			, 400.7	ŀ	Specif	fy:
- 1	A							-				WHITE
	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(G/	ve kind of	Work done during	TION most of working		16b. KIN	D OF BUSI	NESS/IND	DUSTRY	
ا ب		College (1-4 or 5+	) 157	Do NOT u	STATE OF STA							
₹	12			HOUS:	EWIFE					AT	HOME	3
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTNE	R'S NAM	E (First, Middle	, Maiden S	umame)		
H	LOUIS			DIAM	OND	SAI	RAH					COHEN
2	19a, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre	et and Number or	Rumi Ro	oute Number, C	ity or Town.	State, Zip	Code)	
-1	MR. STUART	MILL	ISON	111	HAMLET	HILL, I	UNIT	613	BALTI	MORE	E, MI	21210
	20s METHOD OF DISPOSITION 1 © Burtal 2 □ Cremation □ Remove	t troopfitate	20b. PLACE A	NO DATE	OF DISPOSITION	(Name of		DATE	20c. LOCA	ATION —	City or To	wn, Stata
	4 Donation 5 D Other Specify)		Bi	matory or o	TFILOH		1-	11-95	BALT	TMOF	RE. N	(ID
	21. SIGNATURE OF FUMERAL SERVICE LICEN	SEE				AND ADDRESS	OF FACE	ILITY		1-124		
	1 /m/	In				LEVIN			-			
$\dashv$	on Mary I February III	7			601	O REIS	TERS	STOWN I	ROAD	BAL	PIMOF	RE, MD 21215
	23 ART i. Enter the diseases, or com ahock, or heart fellure. Lies	t only one caus	se on aach line.	ath. Do i	not enter the	node of dying	g, such	ss cardiac	or respira	story sr	rest,	Approximate interval Between
- (	IMMEDIATE CAUSE (Final											
- 4			0 1	Λ_								Onset and Death
	disease or condition resulting in death) a		CV	A								Onset and Death
1		DUE TO (	OR AS A CONSEC	A DUENCE O	F):							Onset and Death
NC	resulting in death) a											Onset and Death
VTION	sequentisliy list conditions, if sny, leading to immediate		OR AS A CONSEC									Onset and Death
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (	OR AS A CONSEC	DUENCE O	F):							Onset and Death
TIFICATION	sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (		DUENCE O	F):							Onset and Death
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	sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE O	F):	Ing cause giv	van In P		WAS AN AI	ED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL MINITER  2 MEDICAL MINITER	DUE TO (  DUE TO (  DUE TO (  ONTIFICATION OF ITEM OF	death but not reconstruction of the construction of the constructi	DUENCE OF DEAL TIME THE TERM T	In the underly  S NO IN (Check only o OTHER: 4 November 1 I Received the time, o	UNCE	RTAIN  denca 6  NO :	Other (Spe 26d. DESCRIB 281. LOCATION City or Row o the cause(e)	PERFORM  YES 2 [  Notify)  Notify  Not	JURY OCC	or Rural Rur	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Netural 5 Pending Investigation 27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (  DUE TO (  DUE TO (  ONTIFICATION OF ITEM OF	death but not reconstruction of the construction of the constructi	DUENCE OF DEAL TIME THE TERM T	In the underly  S NO IN (Check only o OTHER: 4 November 1 I Received the time, o	UNCEI  Tel  Tel  Tel  Tel  Tel  Tel  Tel  Te	RTAIN  denca 6  NO :	Other (Spe 26d. DESCRIB 281. LOCATION City or Row o the cause(e)	PERFORM  YES 2 [  Notify)  Notify  Not	JURY OCC	or Rural Rur	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorithms conditions c  DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suleide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER ONE) 2 MEDI	DUE TO (  DUE TO	death but not reduced to the second to the s	BUENCE OF DEAL PROPERTY OF THE PROPERTY OF T	In the underly  In the underly  In (Check only o  OTHER:  4 12 Muraing h  E OF  URY  M  1 [  street, factory, o  and at the time, c  on, in my opinion	UNCE	RTAIN  denca 6  NO :	Other (Spe 26d. DESCRIB 281. LOCATION City or Row o the cause(e)	PERFORM  YES 2 [  Notify)  Notify  Not	JURY OCC	or Rural Rur	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorithms conditions c  DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suleide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER ONE) 2 MEDI	DUE TO (  DUE TO	death but not reconstruction of the construction of the constructi	BUENCE OF DEAL PROPERTY OF THE PROPERTY OF T	In the underly  S NO  IN (Check only of OTHER): 4 Normang H  E OF 28c. URY M 1 [ street, fectory, of one, in my opinion	UNCE	RTAIN  denca 6  NO :	Other (Spe 26d. DESCRIB 281. LOCATION City or Row o the cause(e)	PERFORM  YES 2 [  Notify)  Notify  Not	JURY OCC	or Rural Rur	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 XES 2 NO

8. BIRTHPLACE (State or Foreign

MARYLAND

14. RACE — American Indien, Black, White, etc.

Specify: White

MD 21215

Interval Between

Onset and Death

**SYRS** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?

1 YES 2 NO

29d, DATE SIGNED (Month, Day Year)

Y

Baltimore

USA

10:50 pm w

2. DATE OF DEATH

7. DATE OF BIRTH

Jan 7 1995

JUNE 14,1907

-ASKINT

1 M 2 KF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

MANSON

1 🖫 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

2

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner ee stated.

29c. LICENSE NUMBER

39297

YRS.

8. AGE (In yrs. last birthday)

87

FOR STATE REGISTRAR

SYLVIA

212-48-6218

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL

TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

IAN 12 1995

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22, REGISTRAR'S SIGNATURE

who Davidson Rordall

DR MICHAEL RO 7620 YORK ROAD

ND 21215-0020

should Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Joseph Hospital Pages 1, 2, 3 Towson, Maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BROOKLANDVILLE permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? bunial-transit 515 BRIGHTFIELD ROAD 21022 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY detached for use as the 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSING DEPT -CITY OF BALTO INTERVIEWER 1 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) 2 76 REBECCA MINTZER 띪 DAVID ASKIN page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1002 FALLSCROFT WAY LUTHERVILLE, MD 21093 RICHARD MANSON Pe 20a METHOD OF DISPOSITION
1 DABuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must filled in by the funeral director, on, or removal. 4 Donation 5 Other (Specify) HEBREW FRIENDSHIP - 1-9-95 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fallure. List only one cause on each line. completely filled in irial, cremation, or r IMMEDIATE CAUSE (Final the disease or condition resulting in death) . CONGESTIVE HEART FAILURE traumatic event, and com CERTIFICATION Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): if eny, laeding to immediate cause. Enter UNDERLYING physician CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? PHYSICIAN: Men be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State of rhed, or item HOSPITAL: OTHER: 1 YES 2' NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. Netural

Accident 5 Pending 1 YES 2 NO DIRECTOR: After the bours after death v BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .2 COMPLETED 8 Could not be 82 4 Nomicide determined

OHMH-18 Rev 1/80

	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	HENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ELIMINAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(	(L, piv	TUTHE HESPITA OR A	TO THE ELIMENAL DIRECT De filed within 72 hours	IMPORTANT: If Item
	1			- 1

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	N	aver 15			AY 146		TH	
9	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. E	13   L-30  BIRTHPLACE (State or For	ych M oreign	
	90. FACILITY NAME (If not institution, give s	1) M 2 F 79	YRS.	OWN OR LOCATION OF DE	December	L //	DISANNO		
OR	UNION MEMORIA	L HOSPITAL		TIMORE		1 .	MORE		
DIRECTOR	100. STATE 10b. COUNT	Y	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY		
	100. STREET AND NUMBER		Bal	more 101, ZIP CODE		10g CITIZEN	OF WHAT COUNTRY?	NO	
FUNERAL	4403 5	· George	Are	2121	2		usa		
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? YES 2 IF YES, GIVE WAR OR DATE:	(NO II)	S DECENDENT OF HISPANI es, specify Cuben, Maxicon YES 2 NO Specify:	, Puerto Ricen, etc.)		RACE — American India Black, White, atc.	en,	
ED BY	3 Wildowed 4 Divorced  15. DECEOENT'S EDU	CATION 16e.	DECEDENT'S USUAL OCC		16b. KINO OF BU	SINESS/INDI IST	Black		
COMPLETED	(Specify only highest grade	completed)	(Give kind of work done dur life. Do NOT use retired.)	ing most of working	IOD. KING OF BO	SINESS/INDUST	1		
OMP	17. FATHER'S NAME (First, Middle, Last)	0	Sexta	**	IE (First, Middle, Malden	MUrc Succession	h		
BE C	Norvis 1	toward		Can	rille	DIX	on		
7	19a. INFORMANT'S NAME (Typo/Print)		4403 S	reet end Number or Rural Re	St. Balt	n, State, Zip Cod	21212		
	204 METHOD OF DISPOSITION Burlet 2 Cremation 3 - Rem	cryst from State 20b. PLAC	E AND DATE OF DISPOSITI	ON (Name of A L.	1747 DOC 10	CATION - City	or Town, fitate	1	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE WAVY	121 d /Valla	ME AND ADDRESS OF PAC	LITY DUCS	free,	wary law	7	
	Joseph	L. Kuss	2	222 W.	Dord are	Ba	to, ud	'	
		complications that caused the List only one cause on each if	daath. Do not antar th	e mode of dying, such	as cardiac or resp	iratory arrest,	Approximation interval Ba	etween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	- TRANSIT	DAM (	'all Car	CIMOME	016	91 31/2	YRS	
_		DUE TO (OR AS A CONS	SEOUENCE OF):	'ell Car	alcler				
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
IFIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONS	SEOUENCE OF):						
CERTIFICATION	resulting in death) LAST	d							
AL	PART II. Other significant condition	7.	t resulting in the unde	rlying cause givan in P	PERFOR	MED?	24b. WERE AUTOPSY FIL AWAILABLE PRIOR	TO	
MEDIC	Hortic	Theuryon			1 [] YES 2	MANO !	COMPLETION OF COOP DEATH?		
AN:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DE							
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	ACE OF DEATH (Check only  OTHER: 4   Nursin	y one) g Home 5 - Rasidence 8	Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D		
2 Accident Investigation Inves							ral Route Number,	-	
LETE	4 Homicide determined							-	
COMPLETED	(Check only	CIAN: To the best of my knowledge, IR: On the beele of examination and/o					ise(e) end manner ae st	ated.	
BE C	290. SIGNATURE AND THE OF CENTIFIER			29c. LICENSE NUME			NED (Month, Day, Year)		
10	30 NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DEATH IT	CW 27) (how Provi)	1223	37	Ja	n 10 19	95	
	5 JOSEPH W. Z	EBLEY, M.D.							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Rardall						

BALTIMORE, MARYLAND 21215-002	r death. Page 6 may be retained by the hospital or attending phy	the firmeral director name 5 should be detached for use as the but
<b>PIVISION OF VITAL RECORDS, P.O. BOX 68760,</b>	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending phy	or ETOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 5, should be detached for use as the bus
DIVIS	THE PER	DIRECTO

permit. rial-transit sician. notified at pe must medical examiner 6 the cremation, injury, or other traumatic event, prior to burial, Mental Hygiene and shows any this certificate has been signed with the State Dept. of Health ATTENDING PHYSICIAN: The law requir Item 23 50 marked,

BY

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CERTIFICATION

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(Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIER

AMBACHEN

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEA DAVIS OUTLAW NOVADER 3:02 4 JANUARY 1995 6. AGE (In yrs. last birthday)
73 YRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F HOURS 96 CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR our 10d. INSIDE CITY timore LINES? FUNERAL 10a STREET AND NUM 10g. CITIZEN OF WHAT COUNTRY? 2121 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Culmn, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY 12 (1-4 or 5+) sician Last) ta. MOTHER'S NAME (First, Midd 20b. PLACE AND DATE OF DISPOSITION (Nam 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LAFINSEE JUSEP Enter the divesses, or complications that caused the death. Do not enter the mode of dying, such as shock, or least fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY FAILURE DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CONG-ESTIVE HEART FAILURE MONTHS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CHEONIC EMPHY SEMA YEARS DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO t 🗌 YES 2 🗍 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 -4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending t TYES 2 NO investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) in 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Work 32 REGISTRAR'S DENATUR

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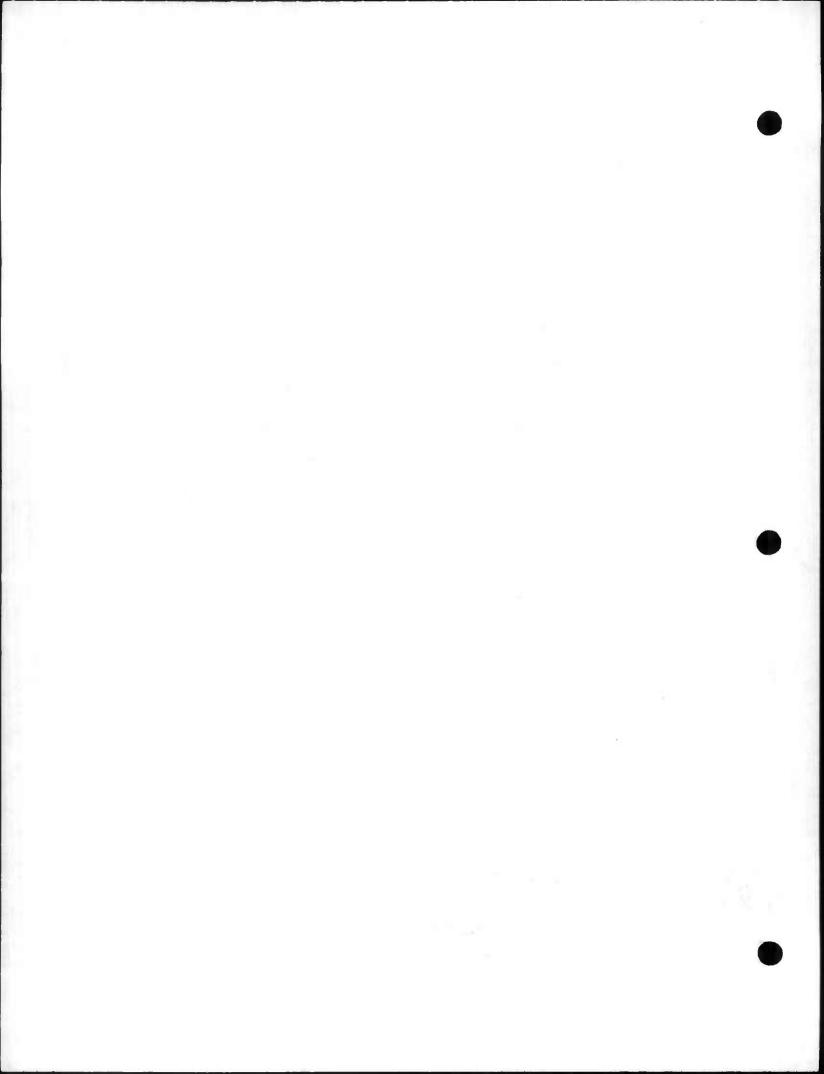
STATES IN AND

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PHYSICIAN: The law requires that the death certificate be executed witthin of hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	or removal,	medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be execut	THE RUNERAL DIRECTOR; After this certificate has been signed by the attending physician and o	In the state of	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GilZ Evelyn (C/-Sanny 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 F HOURS YRS. 212-58-3557 39 May 13, Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore N/A RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY NA Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 200 S. Ballou Court 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 - YES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) own home) (in 9th N/A Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marion Parker Rebecca McBride BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 296 S. Mason Court/Baltimore, MD 21231 Geraldine Parker 20a. METNOD OF DISPOSITION
1 Kg Burlel 2 Cremation 3 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 X Burlet 2 Cremation 3 4 Donation 5 Cother (Specify) KING MEMORIAL PARK Randallstown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E, NORTH AVENUE/BALTIMORE, MD 21202 23 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate interval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Sepsis Neaghve Uram resulting in death) DUE TO (OR AS A CONSEQUENCE OF): may Tract CERTIFICATION Sequentially list conditions. DUE TO OR AS A CONSEQUENCE OF): if any, leading to immediate IV cause. Enter UNDERLYING positive CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Drva July MONOUS 1 TYES 2 NO toilvo 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) end manner as stated. 29b. SIGNATI BE 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 422 195 2 WNO COMPLETED CAUSE OF DEATH (ITEM 37) (Type, 30, NAME AND ADDRESS OF PERSON



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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta
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HE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit narmit pages 1.2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at name.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH 3. TIME OF DEATH JANUARY 9, NANCY ANN 1995 PATTERSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BURTH 212-34-0260 57 MONTHS DAYS HOURS 1 M 2 X F MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH 113 GLENMONT AVENUE RECTOR GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 5 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 113 GLENMONT AVENUE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2X NO Specify: 1 🔯 Never Married 2 🔲 Married Specify: WHITE В 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) COMMUNICATIONS MANAGER College (1-4 or 5+) N/A WESTINGHOUSE 17, FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ELDEN LEMOYNE PATTERSON JANE WILLETT WESTWOOD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 32708 9 MARY EMMA KEEFER 1834 SENECA BLVD., WATER SPRINGS, FLORIDA 1 / 14/9 50c. LOCATION - City or Town, State 20g METHOD OF DISPOSITION
1 X Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 ☐ Donation 6 ☐ Other (Specify) \_ HAVEN MEMORIAL PK GLEN BURNIE, 21. SIGNATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061 23. PART L Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ · RIDSPINATURY resulting in death) Annusi DUE TO (OR AS A CONSEQUENCE OF) B. CITYUNIL 035
DUE TO (OR AS A CONSEQUENCE OF): UBSTRUCTUR CERTIFICATION Sequentially list conditions, DISUATI if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Tesidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural Pending Investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CONTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) end manner as stated. 2 \_\_ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFICA BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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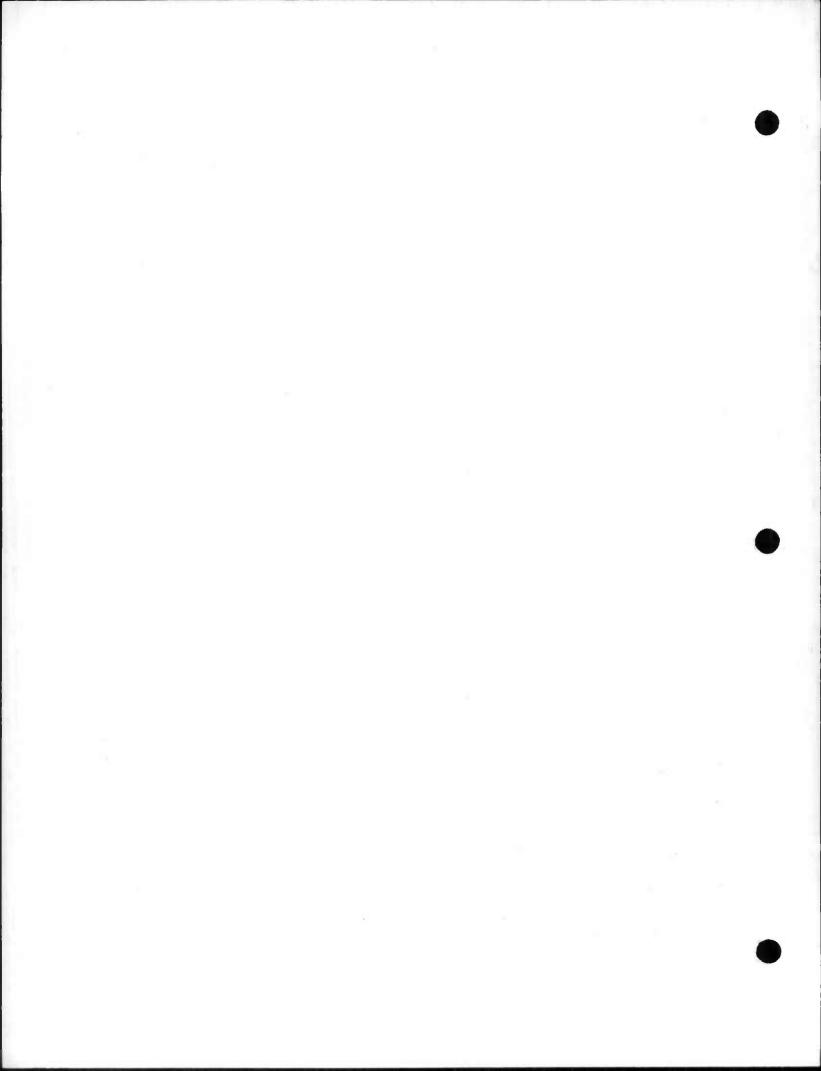
M.D. July 320 HOSELEANS REVOLUTE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR MARGARET **ELIZABETH** POPOL I . 0 1995 January 11 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 V 212-05-0118 March 16,1905 Maryland permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5612 Pilarim Rd. Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit burial, cremation, or removal 4330 Parkside Dr. 21206 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВУ 1 TYES 2 X NO Specify: Specify: 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 6 yr's Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at Charles BE Geiger Mammie Simms 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Dolores R. Chitwood 5612 Pilgrim Rd. 21214 Baltimore, Md. pe 20a. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION - City or Town, State DATE must cemelery, cremetory or other place)
Holy Redeemer 1/16/95 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. examiner Zarozpin Mark T. 5305 Harford Rd Leonard J. Ruck, Inc. h. 24 hours after medical 23. PART I. Enter the diseases, or complications that ceuaed the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between 5 IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition\_ reaulting in death) event, e deproseen traumatic CERTIFICATION Sequentially list conditions, 2 if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 0 PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO and and any signed t **COMPLETION OF CAUSE** 1 YES 2 NO OF DEATH? 1 YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ HYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem the State HOSPITAL: OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Oulpatient 3 DOA 4 ☐ Nursing Home 5 💢 Residence 6 ☐ Other (Specify) age . 6 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED Natural м 1 YES 2 NO Investigation 2/ Accident 28s. PLACE OF INJURY — Al home, farm, street, lectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide COMPLET S 29e. CERTIFIER

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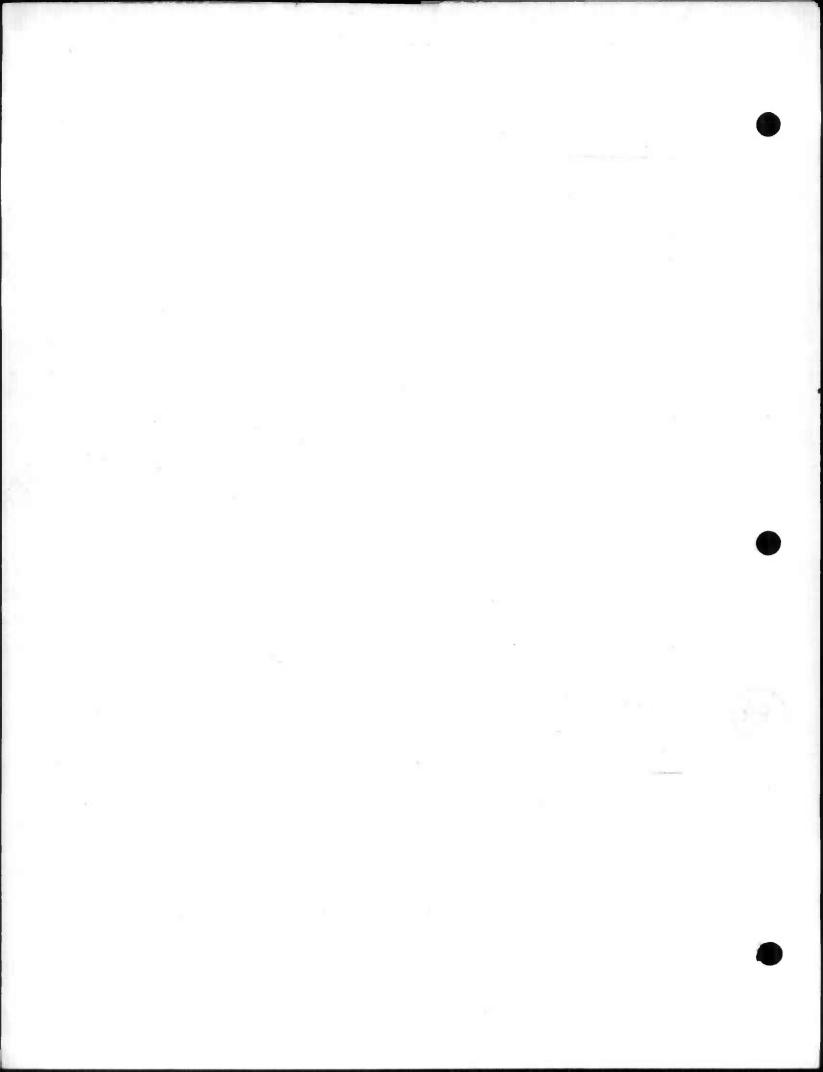
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner ea stated. A PUNERAL within 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner as stated. TO THE HOSPIT TO THE FUNERA THE METANT. I 29c. LICENSE NUMBER 29d. DATE SIGNED (Month: Day, Year) BE 0 LETTEN CAUSE OF DEATH (ITEM 27) (Type, Print)

3009 Evergreen Ave



TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE
STRAR	CERTIFICATE OF DEATH REG.	

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AM NEA	3. TIME OF DEATH
		MARIA	]	PAIS			JAN.06,	1995 YEA	16:15 P W
		4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, 8/	RTHPLACE (State or Foreign untry)
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should	-	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
2,	CTOR	OLD COURT NURS	ING HOME		RANI	DALLSTOWN	1	BALTI	MORE
- Se	L III	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
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permit.	A.	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
150	FUNERAL	5412 OLD COURT R	OAD			21133		USA	
020 physician. burial-transit	Ę	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		ACE — American Indien, lack, White, atc.
	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES		2 NO Specif		1	pecify:
E 10	ED	16. DECEDENT'S EDUC	CATION	16a DECEDENT'S	USUAL OCCUPATION	ON	146 KIND OF BUIL	SINESS/INDUSTR	WHITE
2121 or atte		(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mo	est of working	IND. KIND OF BU	PINESS/INDUSTR	
ND 21 hospital or ached for u	립		Conege (14 or 5 7)		HOUSE	TEE	۸π	HOME	
<b>▼</b> 5 5 <b>5</b>	COMPLET	17. FATHER'S NAME (First, Middle, Last)			11000		ME (First, Middle, Meiden		
# 8 E	BE (	JOSEPH		GREBEN					
MAR retained 5 should notified	5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Floute Number, City or Tow	n, State, Zip Code;	
ay be re page 5	-	MR. MICHAEL PAIS		3909	LUMO RO	AD RANDA	LLSTOWN, M	D 21133	
I E		20a, METHOD OF DISPOSITION  1  Surial 2  Cremellon 3  Remo	oval from State cen	PLACE AND DATE	OF DISPOSITION (NO	ame of	DATE 20c, LO	CATION — City or	Town, State
Page 6 m al director,		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		BALTIMO			1-9-95 BAL	TIMORE,	MD
1 5 E	1	A CONTRACT SERVICE TO	ENSEE		SOL L	ND ADDRESS OF FA EVINSON	& BROS., I	NC.	
Er de the true for de la constant de	- 9	23. PART I. Whiter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							
by the removal.  medical e		23. PART I. Inter the diseases, proceedings of heart failure.	complications that caused List only one cause on e	d the death. Do i	not enter the mo	de of dying, auc	h as cerdiec or reapi	ratory arreat,	Approximate Interval Between
y filled ition, or the m		IMMEDIATE CAUSE (Final	HEAD INJUR		CATING				Onset and Death
within 24 pletely fille cremation.		disease or condition resulting in death)	. HYPERIENSIVE			RDIOVASCUL	AR DISLASE		
3 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 6 5 6			DUE TO (OR AS A	CONSEQUENCE O	F):				
UX 68/10 be executed sician and com- rior to burial, traumatic en	CATION	Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE O	F):				
social prior trau	S	If sny, leading to immediate cause. Enter UNDERLYING	•						
10 P P P	RTIFI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
L E ST O	CERI	resulting in death) LAST	d				,		
0 0 5 5		PART II. Other significent condition	s contributing to death b	out not resulting	In the underlying	Cause given in	Part I. 24a. WAS AN	ALITORSV	24b. WERE AUTOPSY FINDINGS
Y - 50-1	CAL					g 00000 g. 1011 111	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ALCOHOL: U	MEDI						1 DYYES 2	. □ NO	OF DEATH?
	2	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	E DEATH YE	S II NO I	UNCERTAI	i Π		1 YES 2 NO
23 E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		ONCERIAII	• п		
or Hom	Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	Detient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
PHYSICI this cert with th	РНУ	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIM			28d. DESCRIBE HOW II	NJURY OCCURED	
DING PHYS After this death with	ВУ	2 X Accident Investigation	FOUND 1-6-95	12:3	30 PM 1 🗆	res 2 (C)(NO	PATIENT FELL	OUT OF W	HEELCHAIR
ATTENDING PHYSICIAN S after death with the 128 Is marked, or	ED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	streel, lectory, offic		281. LOCATION (Street a City or Town, Stete)	ng Hymber O'LTU	COURY TROAD
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	4			NURSIN	G HOME		RANDALLSTOWN	MARYLAT	ND
	길		CIAN: To the best of my knowl						
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL	one) 2 MEDICAL EXAMINE	n end/or investigation	on, in my opinion, d	eath occured at the	lime, date end place, en	d due to the caur	e(s) end menner ae stated.	
HE HE HE PORTA	w	29h. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUM	MBER	29d. DATE SIGN	ED (Month, Day, Year)
TO THE HOSPIT TO THE FUNER De filed within T	TO B	1 Mothers	M. Kins	7 My	2	00	ME	▶ JAN	.07,1995
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	, , , , , , ,					
		TIME	MI Kthe		enn Str	eet, Ba	altimore,	Maryl	and 21201
		31. DATE FILED (Month, Day, Year)	Alia d'Eurolean	PONE II					
	- 1	TAN 12 1995	Thirt or or or or or	manana.					

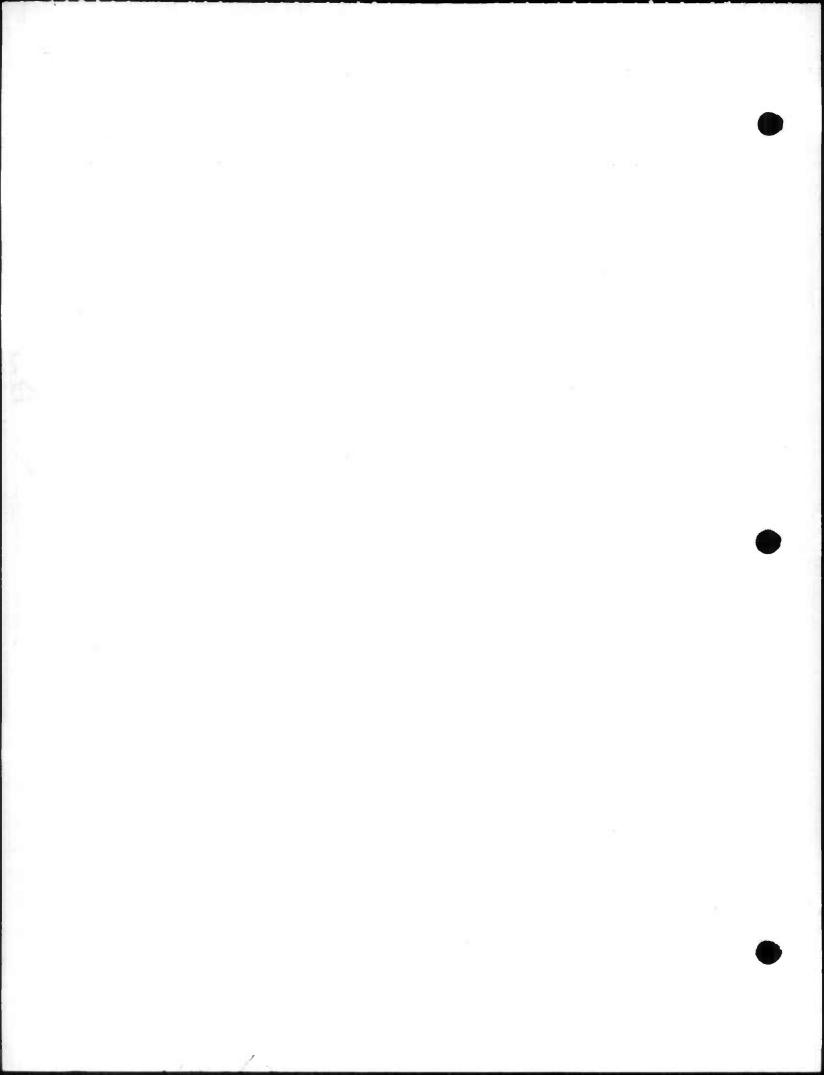


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PLOCH AND PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLACEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be needed for use as the burial-transit permit. Pages 1, 2, 3 should be not also as the burial-transit permit. Pages 1, 2, 3 should be not as the burial-transit permit. Pages 1, 2, 3 should be not as the burial-transit permit. Pages 1, 2, 3 should be not as the burial-transit permit perm

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEAT	ГН
	JESSIE	M_	POHLH/	AUS		JANUARY D		995	6:18	Рм
			s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Fo	preign
	200 0171	□ <b>M</b> 2 X F 63	YRS.	MONTHS DAYS	HOURS MIN.	August 10, 1	1931		ucky	
_	9a. FACILITY NAME (If not institution, give street	! and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNT			
6	THE JOHNS HOPKINS	HOSPITAL		BALTIMO	RE CITY		N/	'A		
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY	. TOWN OR LOCAT	ION			140	d. INSIDE CITY	
E I	Maryland Tal	hot		Claib				100	LIMITS?	
7	10e. STREET AND NUMBER	500			. ZIP CODE		10a. CITIZE		T COUNTRY?	NO
FUNERAL	10373 Sherwood Ma:	nor Road			21624				S.A.	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S.	. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	s or No — 14		American India	en,
	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	XNO		2 NO Specif	n, Puerto Rican, etc.)		Black, W Specify:	Vhite, stc.	
Э ВУ					**				white	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	iON 16a npleted)	(Give kind of w	USUAL OCCUPATION FOR done during mo	N st of working	16b, KIND OF BU	SINESS/INDUS	STRY		7.0
J.		College (1-4 or 5 +)	life. Do NOT us				_			
M	17. FATHER'S NAME (First, Middle, Last)	+	Homema	aker		Own I				
ö	Duncan McCallum					ME (First, Middle, Maiden n Goode	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS /Stead a		Aoute Number, City or Tow	- Co 7'- C	- 4-1	01.60	,
2	John C. Pohlhaus					Rd. Claib			2162	,4
	20s. METHOD OF DISPOSITION	20b. PLA		F DISPOSITION (No			CATION - CH			
	1 Donation 5 Other (Specify)	from State cometery	cremetory or of	nt Crema	torv	1 10				
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	cii iiou	22. NAME AN	D ADDRESS OF FA	CILITY		re,	ralyta	III
	Surge Fer	VS. V				edefeld Ho		14	1 1 0	1010
		plications that caused the	death. Do n	ot enter the mo	de of dving, suc	baa cardlag or reach	nore,	Mary.	Approxima	
	shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition	ESONA	1001	Can	40.00					
	resulting in death) a	DUE TO (OR AS A CON	skal Cancer				_		6 mc	5
z		Breast DUE TO (OR AS A CON	Can	cor					16 MG	2
일	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF	):						
Š	CAUSE (Disease or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	NSEOUENCE OF	):						
CERTIFICATION	d								-	
AL O	PART II. Other significant conditions c	ontributing to death but n	ot resulting i	n tha underlying	cause given in				ERE AUTOPSY FI	
						PERFOR		co	AILABLE PRIOR OMPLETION DF (	
							. 🖭		DEATN?	NO
2	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF D	EATH YE	S NO D	UNCERTAIL	VM			u u	
Z I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		LACE OF DEAT	H (Check only one)						
Sic	/	OSPITAL: Vinpatient 2 - ER/Outpatien	M 3 DOA	OTHER: 4  Nursing Home	5 Residence	6 Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJ	JRY AT RK?	26d. DESCRIBE HOW I	NJURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO	_				
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — Al building, atc. (Specify)	it homs, farm, a	treet, factory, office		28f. LOCATION (Street and City or Town, State)		Rural Route	e Number,	
COMPLETED	4 Homicide determined									
ξV		N: To the best of my knowledge								
Š.	one) 2 MEDICAL EXAMINER: O	On the basis of examination and	l/or investigation	n, in my opinion, de	eath occured at the	time, data and place, an	d dus to the d	:suse(s) sn	nd manner as at	tated.
88	29b. SIGNATURE AND TITLE OF CERTIFIER	_			29c. LICENSE NUI	MBER	29d. OATE S	IGNED (M	onth, Day, Year)	$\neg$
0	muycay, M	D			M634	10		10/9	5	
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF OEATH (	(ITEM 27) (Type,	Print)	, .	MD 2				
	omercay 600	N. Wolfe	57.	Balt	more	MD 2	1287			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	re LL							
	JAN 1 2 1995 Julia Dandson Kardall									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH						
	MARUIN KOUNDTREE MONTH 100 95 5:20 AN						
	A GOOD APPRIESTS AND APPRIESTS						
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   8. BIRTHPLACE (State or Foreign Gounty)   F UNDER 24 HRS.   MONTHS DAYS HOURS MIN.   MONTH DEV/MONTH DEV/MONTH DEV/MONTH DEV/MONTH DAYS   MONTH DEV/MONTH D						
	10/A/JU DANINERC						
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF OEATH						
0	DON DECOURS HOSPITAL BALLIMARE CITY OITY						
5	RESIDENCE OF DECEDENT						
DIRECTOR	106. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?						
	1 U YES 2 0 (NO						
A	106. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?						
E	3405 Vargas Circle 3-8 21244 11.5.A						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify Yee or No - 14, RACE - American Indian.						
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Juben, Mexican, Puerto Rican, etc.) Black, White, etc.						
B	3 Wildowed 4 Divorced IF YES, GIVE WAR-OR DATES 1 YES 25 NO Specify: Specify: Specify:						
	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY						
	(Sine kind of work done during most of working						
립	Elementary/Secondary (0-12) College (1-4 or 5+) Un Kn own						
COMPLET							
႘	17 PATHER'S NAME (First, Middle, Last)						
H	Carlain Councillee Deulan Mandolph						
2	196. INFORMANT'S NAMI YVONNE Payne 198. MAILING ADDRESS (Styper and Number or Rural Route Number, City, pr Town, State Zip Code)						
-	1370) threat choic strong choice lactured						
	20s. METHOD OF DISPOSITION  20t. Place AND DATE OF DISPOSITION (Name of Disposition (Name of Disposition of Date Date Date Date Date Date Date Date						
	1 Sourisi 2 Cremation 3 Removal from Stata Confery (crematory or place place)  Congition 5 Other (Specify)  Congition 5 Other (Specify)						
ΙÌ							
	21. SIGNATURE OF FUNERAL SERVICE LIGHNSEE  22. MAME AND ADDRESS OF FACILITY  MARCH F. IT-WEST						
	TOTAL HONOROUS JE 4300 wasbash Ave						
	23. PART I. Eater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,  Approximate						
	inck, or heart fallura. List only one cause on each line.  interval Between Onset and Death Onset and Death						
	disease or condition						
	resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):						
1							
CERTIFICATION	Sequentially list conditions, b. SEPS()						
Ē	If any, laading to immediate						
일	cause. Enter UNDERLYING CAUSE (Disease or injury						
별	that initiated events OUE TO (OR AS A CONSEQUENCE OF):						
1 1 1	reaulting in death) LAST						
	DADT il Other significant conditions conditions conditions						
CAL	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO?  AMILABLE PRIOR TO						
월	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?						
ME	1 ☐ YES 2 ☑ NO						
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN						
SICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)						
잃	EXAMINER? HOSPITAL: OTHER:						
ž	AT MANING OF POST						
РНҮ	1 Netural 5 December 10 Month, Day Year) MUJERY WORK?						
B	2 Accident trestigation N 1 YES 2 NO						
	3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  26e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
PLET	29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.						
Σ	(Check only one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  3 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.						
СОМ							
ш	29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)						
10 B	1/11/55 D 1/11/55						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)						
	31. DATE FILED (Month Cost, 1987) St., REGINTRAR'S SIGNATURE						
	31. DATE FILED (Month 2011, 1901)  St. REGISTRAR'S SIGNATURE  SIGNATURE						
100							

DHMH-16 Ray 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Z.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hour after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit perm he filed within 72 hours after death with the State Dent, of Health and Mental Hvaliere prior to burlal cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

29b. SIGNATURE AND TITLE OF CENTS

Howard

31. DATE FILED (Month, Day, Year)

BE 2

ges 1, 2, 3 should

95 00570 ITEMS: 1.10b,18, PER F.H. FILM G-719 1/12/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) FIFI STAVROPOULOS REICHHART 2. DATE OF OEATH 3. TIME OF DEATH 1995 -REICHHART JANUARY 10 11:25 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 🖾 F YRS. Dec. 31, 1920 Md. 213-36-7673 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR TOWSON GREATER BALTIMORE MEDICAL CENTER BALTIMORE RESIDENCE OF DECEDENT 106. COUNTY BALTIMORE 10c. CITY, TOWN OR LOCATION Md. Baktimore Towson 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1101 Gypsy Lane West 22 21286 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White ED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Plaza Florist Owner 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) -Karangelon KARANGELEN Sophia Stavropoulos George BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1101 Gypsy Lane West Towson, Md. 21286 Mr. Theodore E. Reichhart 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 1 | Buriel 2 | Cremation 3 | Removal from State
4 | Donation 5 \( \Delta \) Other (Specify) | Entombment Dulaney Valley Mem. Gdns.1/14/95 Timonium, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Md. 21204 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition tive resulting in death) AS A CONSEQUENCE OF regun CERTIFICATION Sequentielly list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS aente COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Atelectasis 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specily) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.

> WHO-COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Loch Raven Blud einer 5601 2/239 32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner es stated.

29d. DATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	cal examiner must be notified at once.	
BESTON OF VITAL RECORDS, P.O. BOX 68760,	TO THE HINGTON CONTINUED PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLACENCE DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the ' be filed within 72 nous and beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

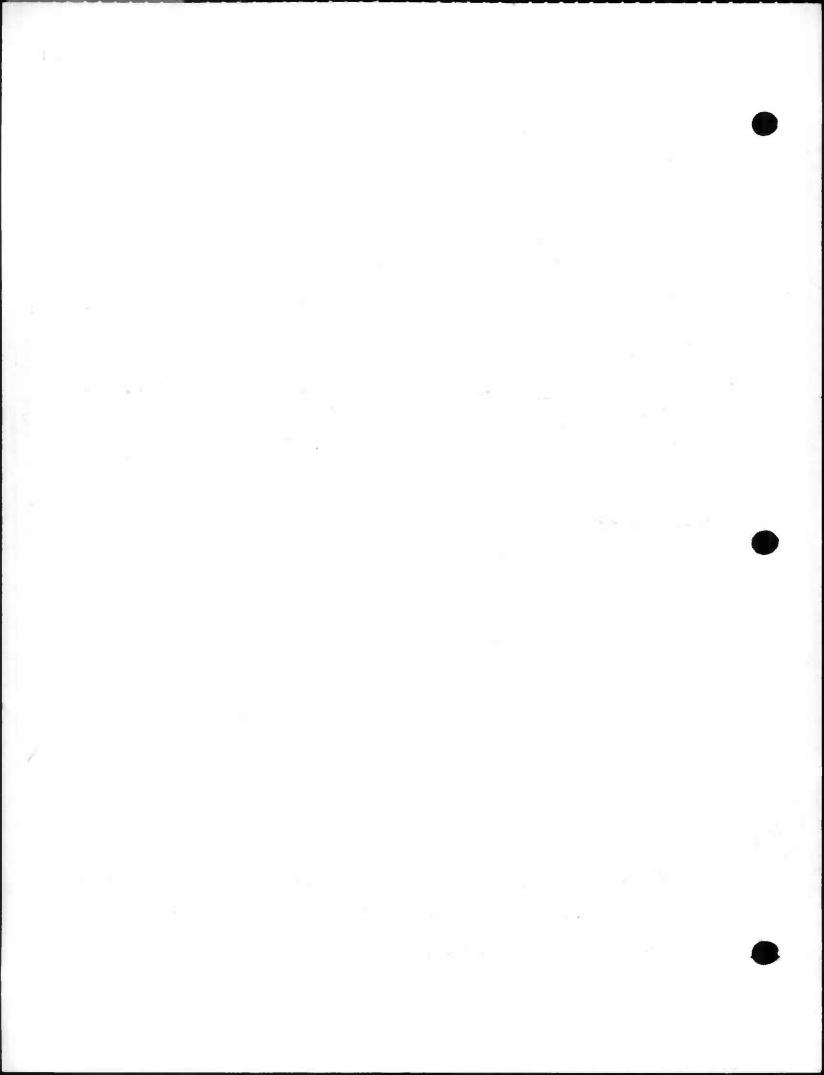
FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	REG. NO.					
				2. DATE OF DEATH		3. TIME OF DEATH			
CHARLES SM				MONTH DA	1995	21-38 PM			
213-64-7450	MM2 0 F 41		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) PC. 26,	1953 a. BIR	ITHPLACE (State or foreign			
9. FACILITY NAME (If got Institution, give stree	JOSPITZ)	90	CITY, TOWN OR LOCATION OF D	EATH D	9c. COUNTY OF	DEATH			
RESIDENCE OF DECEDENT									
106. STATE 10b. COUNTY		10c. CITY, T	balto			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
106. STREET AND NUMBER 4630 a	11 Mall	Rd	101, ZIP CODE 2 2 1	5	10g. CITIZEN OF	S. H.			
11. MARITAL STATUS  12. Never Merried 2  Merried  3  Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE MAR OR DATE:	NO	13. WAS DECENDENT OF HISPAL If yes, specify Ouben, Mexico 1 YES 2 NO Specifi	in, Puerto Ricen, etc.)	Bi	CE - American Indian, ack, White tc. secify: Black			
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION   16   16   College (1-4 or 5 +)	life. Do NOT use re	done during most of working tired.)	16b. KIND OF BUS	INESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Last)		WIIL	nawh						
Walter 5	mith	_	Deb	ME (First, Middle, Melden :	Daw	son			
Deborah Sm	ith	196. MAILING AD	DRESS (Street) and Number or Rurel	Route Number City or Town	Da (10,	, md 21215			
204. METHOD OF DISPOSITION 10 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State 21b. PL	CE AND DATE OF D	isposition (Name of Place) enetry	DATE 20c. LOC	DDA a	Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICEN	ender.	_	22. NAME AND ADDRESS OF FA	ciuty It- West	Λ				
23. PART I Enter the diseases, or com	onlications that caused th	e death Do not	1 7200 W	chash	Tue	1.0			
ehock, or heart fellure. Lia	t only one cause on each	line.	enter tha mode or dying, auc	n es cardiec or reepii	atory arrest,	Approximate interval Batween			
IMMEDIATE CAUSE (Fine)						Onset and Death			
disease or condition resulting in death) a	END STAG		)5						
	DUE TO (OR AS A CO	INSEQUENCE OF):							
SEPSIS									
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
If any, leading to immediate		A	cause. Enter UNDERLYING PNFIIMONIA						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	PNEUMO								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	PNEUMO								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	PNEUMO. DUE TO (OR AS A CO	NSEQUENCE OF):	he underivina cause given in	Part I. 24a WAS AN	NITOPSV 2	Ah WERE ALTOPSV EINDINGS			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	PNEUMO. DUE TO (OR AS A CO	NSEQUENCE OF):	he underlying cause given in	Part I. 24a, WAS AN / PERFORI		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	PNEUMO. DUE TO (OR AS A CO	NSEQUENCE OF):	he underlying cause given in		MED?				
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other aignificent conditions of	PNEUMO.  DUE TO (OR AS A CO  ARD 5  contributing to death but i	nsequence of):		PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	PNEUMO.  DUE TO (OR AS A CO  ARD 5  contributing to death but i	nsequence of):		PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	PNEUMO DUE TO (OR AS A CO ARDS Contributing to death but in	not resulting in t	□ NO □ UNCERTAIL	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the cause of	PNEUMO DUE TO (OR AS A CO ARDS  contributing to death but in	not resulting in t	□ NO □ UNCERTAII	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO ARDS contributing to death but in BUTE TO CAUSE OF I	not resulting in t	□ NO □ UNCERTAI	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A COARDS  Contributing to death but in the contribution to contributing to death but in the contribution to contributing the contribution to contributing the contribution to contributing the contribution to contribution to contributing the contribution to contribution the contribution the contribution that contribution the contribut	DEATH YES PLACE OF DEATH ( Int 3 DOA   28b. TIME OF INJURY)	Check only one)  THER:   Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFORI 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significent conditions of the con	DUE TO (OR AS A CO ARDS  Contributing to death but is  BUTE TO CAUSE OF I  26.  COSPITAL:  (Month, Day, Year)  28e. PLACE OF INJURY — building, etc. (Specify)	DEATH YES PLACE OF DEATH (  The street of th	Oneck only one)  THER: Nursing Home 5 Gesidence  Sec. INJURY AT WORK? M 1 YES 2 NO	PERFORI  1 YES 2  6 Other (Specify)  28d. DESCRIBE HOW IN  28t. LOCATION (Street as City or Town, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO ARDS  Contributing to death but is  BUTE TO CAUSE OF I  26.  COSPITAL:  (Month, Day, Year)  28e. PLACE OF INJURY — building, etc. (Specify)  N: To the best of my knowledge	DEATH YES PLACE OF DEATH (  The street of th	Check only one)  THER:   Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFORI  1 YES 2  6 Other (Specify)  28d. DE\$CRIBE HOW IN  City or Town, Stete)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO ARDS  contributing to death but in the second of the	DEATH YES PLACE OF DEATH (  The street of th	NO UNCERTAIL Check only one)  THER: Nursing Home 5 Gesidence  F 28c. INJURY AT WORK?  M 1 YES 2 NO  1, tactory, office	PERFORI  1 YES 2  6 Other (Specify)  28d. DESCRIBE HOW IN  28t. LOCATION (Street e. City or Town, Stere)  to the ceuse(e) and meni time, date and place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditione conditions of the cause of the conditions of the cause of the	DUE TO (OR AS A CO ARDS  Contributing to death but in the second of the	DEATH YES  PLACE OF DEATH (  Int 3 DOA 0 1  28b. TIME OI  INJURY  At home, term, street  do investigation, in  (ITEM 27) (Type, Print)	Check only one)  THER: Nursing Home 5   Residence  F   28c. INJUSY AT WORK?  M   1   YES 2   NO  If, tactory, office  The time, date end place, end due on my opinion, death occured at the	PERFORI  1 YES 2  6 Other (Specify)  28d. DESCRIBE HOW IN  28t. LOCATION (Street a: City or Town, Stete)  to the ceuse(e) end meni time, date end place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Note that the property of the pr			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO ARDS  Contributing to death but in the second of the	DEATH YES  PLACE OF DEATH (  1 28b. TIME (  1 1 NOTE:	Check only one)  THER: Nursing Home 5   Residence  THER: NURSING  THER: NURSING  THER: NORTH	PERFORI  1 YES 2  6 Other (Specify)  28d. DESCRIBE HOW IN  28t. LOCATION (Street a: City or Town, Stete)  to the ceuse(e) end meni time, date end place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Note that the property of the pr			



TO BE COMPLETED BY FUNERAL DIRECTOR

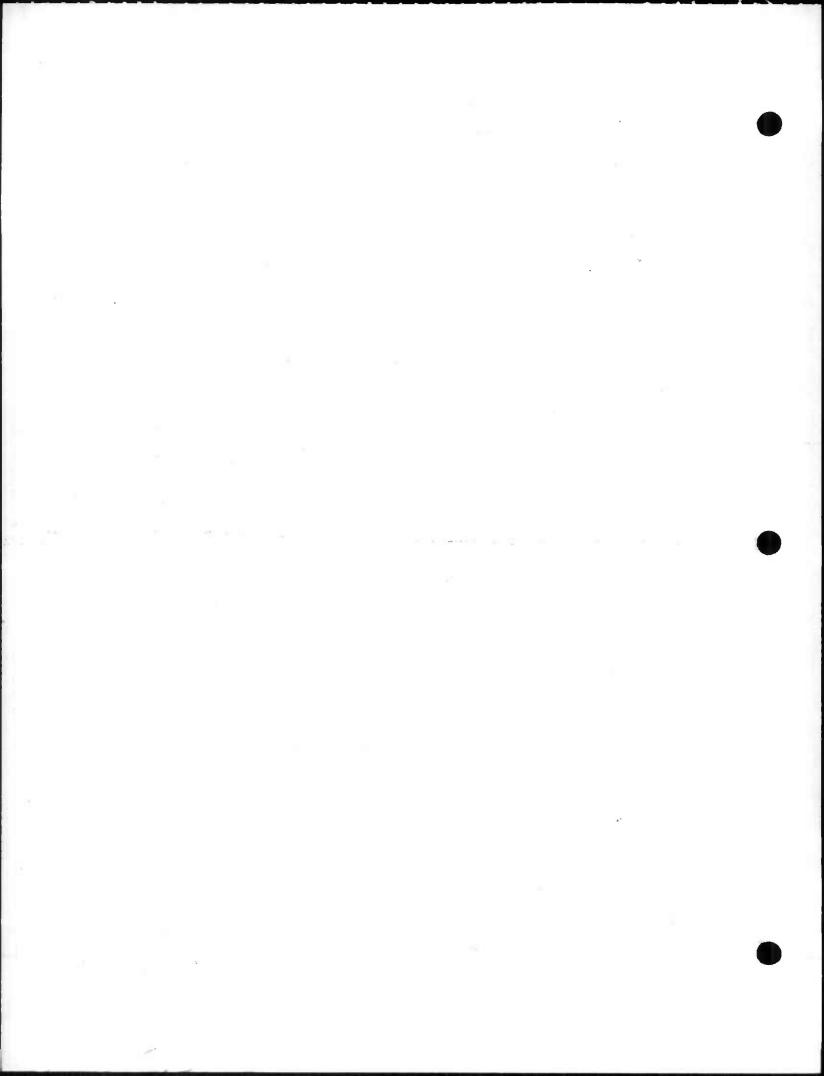
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ALCHAIN ON ACTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

NAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should it is bound after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM ERTIFIC			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>	2. DATE OF DEATN	1/5/95	3. TIME OF OEATH
EDNA EU	19 SIMM	240			MONTH DA	1992	3:06
4. SOCIAL 217/14/QQ87 5	5. SEX 6. AGE (in yrs. le		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Qwy, Year)	8. BIF	TTHPLACE (State or Foreign
214-05-1484	1 🗆 M 2 况 F	YRS.	ITHS DAYS	HOURS MIN.	March 10,1	917 110	eryland
9e. FACILITY NAME (If not institution, give stree	et and number)	9b.	CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY OF	OEATH
1017 Kevin Road Baltimore							
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
Mary land		-	Bath	move			1 YES 2 NO
10e. STORET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
1017 Kevin P	rond			212	29		USA
11. MARITAL STATUS  1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED NO	13. WAS DECE	NDENT OF NISPAP	NIC ORIGIN? (Specify Yes	or No- 14, R/	ACE — American Indian, ack, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗆 YES			1 sq	yelly: Autourate of
15. DECEDENT'S EDUCAT		ECEDENT'S USU			16b. KIND OF BUS	INESS/INDUSTRY	-o-timerichin
(Specify only highest grade con Elementary/Secondary (0-12)		Give kind of work b. Do NOT use ref	done during mos ired.)	t of working	1	1	
12	3	L1951	m W	lorker	- Ed	veati	on
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
vaniel Joh	nson				arriet	e	e
19a. INFORMANT'S NAME (Type(Print)		96. MAILING ADD	DRESS (Street ar	d Number or Rural	Route Number, City or Town	, State, Zip Code)	11440
20e, METNOD OF DISPOSITION	mmons	1017	Nevir	J Kai	13a170, 1	1d. o	11224
1 S Burial 2 Cremation 3 Remova	of from State	and DATE OF DI		+ 1	OATE 20c. LOC	CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN		nison	22, NAME AN	ADDRESS OF FA	CILITY	1119 5 701	IIIS, MO.
Dono 16	PR		WOSE	Ph h	RUSS	· 7	4 41 2000
23. PART I/Entar the diseases, or con	mplications that caused the d	eath. Do not a	22	22W.	Morth ur	e, Sa	TO MO 21216
hock, or haert fallure. Lis	st only one ceuse on each lin	e.	antar the mot	a or cynny, suc	ii ee cardiac or reapir	atory arrest,	Approximate interval Between
iMMEDIATE CAUSE (Final disesse or condition	HEPATT	2	ATI	1100			Onset and Desth
reaulting in daeth) a	OUE TO (OR AS A CONSI	OUENCE OF):	レナト	UNK			
100 200 Aug 100 Ch	LIVER	WE-	TAST	A66	C		15
Sequantistiy list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	^	001	00101	2.0	
CAUSE (Disease or injury	UNKNOW	NY	MEN	Mich	CHNC	U	
that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
d							<u> </u>
PART ii. Other significant conditions of	contributing to deeth but not	resuiting in th	e undariying	cause given in	Part I. 24a, WAS AN / PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1	COMPLETION OF CAUSE OF DEATH?
				,	_	`	1 _ YES 2 _ NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LOCETTAIN							
	HOSPITAL:		HER:	~			
1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatient 28e. DATE OF INJURY	28b. TIME OF			6 Other (Specify) 28d. OESCRIBE HOW IN	ILIEX OCCUBED	
Natural 5 Pending	(Month, Day, Year)	INJURY	WOF		280. OESCHIDE NOW IN	JOH! OCCORED	
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY - At h	ome, farm, street			281, LOCATION (Street as	nd Number or Rura	ti Floute Number,
4 Nomicide determined	building, atc. (Specify)				City or Town, State)		
29a. CERTIFIER (Check only)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.							
(Check only 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
29b. SIGNATURE AND TYPLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)							
1 No 135406 11/6/95							
30. NAME AND ADDRESS OF THEOR WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)							
SAMUEL TELER MO 21 CROPPROADS OR #45 OWENDS MILLY							
13. OATE FILEO (Month, Day, Year)  32. REGISTRÂR'S SIGNATURE  AND 2/11							



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the training physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

_	REGISTRAR	CE	RTIFICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)			•	2. DATE OF GEATH MONTH D	AY YEAR	3. TIME OF DEATN
	Bernice	Stra	iten		Jan 08	1995	0555 "
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TNPLACE (State or Foreign
	1211-20-146Z 10M	2 1 77	YRS. MONTHS DAYS	HOURS MIN.	March 8.	1917 10	aryland
	Se. FACILITY NAME (If not institution, give street end r.	number)	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH
5	Sinai Hospital		Pa1	timore			
5	RESIDENCE OF DECEDENT		Dal	глиоте			
DIRECTOR	100 STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
			baltim	ore			1 Pres 2 No
FUNERAL	10e. STREET AND NUMBER	. 1	1	OI, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	DUIS Coraelia	a Ave.		21215		1451	†
15	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S. ARM CES? 1 YES 2 WHO			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No — 14. RA	CE American Indian, ick, White, atc.
≥		ES, GIVE WAR OR DATES		S 2 NO Speci		A	icity:
		14. 250				IV	euro
1 2	(Specify only highest grade completed	(Giv	EDENT'S USUAL OCCUPAT to kind of work done during in Do NOT use retired.)	nost of working	16b. KIND OF BU	SINESS/INDUSTRY	)
1 2	Elementary/Secondary (0-12) College	(1-4 or 5+)	COCK		Indu	ctrial	Callaga
COMPLETED	17 FATHER'S NAME (First, Middle, Last)		-00K	40 1407145010 11	Miay.	<u>&gt;11 141</u>	vollege
E 0		S C		RIA	AME (First, Middle, Malden	Surpeme)	-
BE BE	19a INFORMANT'S NAME (Type/Print)	J 3 1 10h	MAILING AODRESS_(Street	LOIGY	ICHE	Gros	5
를 일	Flizabath Fai	MKOCE	DIE CAN	CAP L	A A	2 A L	MIDIAL
2	20e. METNOD OF DISPOSITION	205 014054	ND DATE OF DISPOSITION (A	acit	1116	Jano,	10.61615
nust	1 Burtel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State cemetery, key	at ry or offiai place)	rame or	1/12/0-1	CATION - City of	lown, State
100	21. SIGNATORE OF FUNERAL SERVICE LIGHNISEE	2 0	22. NAME	AND ADDRESS OF FA	7'3/73 L	711201	whe ma.
or other traumatic event, the medical examiner must be notified at once.  ERTIFICATION  TO BE COM	Floring 4	4	2050	eph L.	Russ F	unera	Home
× e	Joseph a	russ	222	2 W. Nor	th Ave.	Balto	Ma.21216
odic	23. PARY. Enter the diseases, or complics shock, a heart fallure. List only	tions that caused the dea	th. Do not enter the m	ode of dying, suc	h as cardiac or resp	iratory srrest,	Approximats
E .	IMMEDIATE CAUSE (Final		· 1	0	1 0		Onset and Death
뒤	disesse or condition resulting in death)	Alus Schen	otic (a	lisvo a	ela Des	end	
eve		OUE TO (OR AS A CONSECU	UENCE OF):				
를 N	Sequentially list conditions, b.						
	if any, lasding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSECU	JENCE OF):				
취임	CAUSE (Disease or injury	DUE TO (OR AS A CONSEQU	IENCE OD.				
티문	that initiated events resulting in death) LAST	DOE TO (ON AS A CONSEQU	DENCE OF):				
	d						
		outing to death but not re	sulting in the undarlying	ng cause givan in			b. WERE AUTOPSY FINDINGS
DICAL					PERFOR	1 0	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						7	OF DEATH?
w	DID TORACCO LISE CONTRIBUTE	TO CAUSE OF DEAT	H YES TINO T	UNCERTAI	NO MSA	ection	
SICIAN	25. WAS CASE REFERRED TO MEDICAL		OF DEATN (Check only one			וריי	
SICI/	EXAMINER?  1 X YES 2 NO 1 Input	ITAL: stient 2 X ER/Outpatient 3 (	OTHER:	me 5 🗆 Residence	B C Other (Specific)		
PHY		. OATE OF INJURY	28b. TIME OF 28c. tN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
marked, BY PH	1 Vietural 5 Pending Investigation	(Month, Day, Year)		ORK? YES 2 NO			
E 0	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY — At hom	e, ferm, atreet, factory, offi	Ce Ce	281. LOCATION (Street	and Number or Rura	Route Number,
ETED	4 Homicide determined	building, atc. (Specify)			City or Town, Stete)		
E III	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	he beat of my knowledge, deat	th accurred at the time day	a and place and d	to the equation and the		
5 5	(Check only one) 2 X MEDICAL EXAMINER: On the						(e) and menner as stated
3 3	29b, SIGNATURE AND TITLE OF CERTIFIER		, , , , , , , , , , , , , , , , , , , ,				
D BE CO	The de	79	0	29c. LICENSE NUI	WEER		O (Month, Day, Year)
<b>■</b> P	30. NAME AND ADDRESS OF PERSON WHO COMPLI	TED CAUSE DE DEATH STEM	27) (Time Print)	LO.C.M.	E	Jan	08 1995
	77+EVOOREM.KI						
		REGISTHAR'S SIGNATURE	1 Penn St	reet, Ba	altimore.	Maryl	and 21201
	IANI 1 2 1995	Huden Revelate					

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OH NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after that be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
EVAL.VN	CMA DT7	MONTH DAY

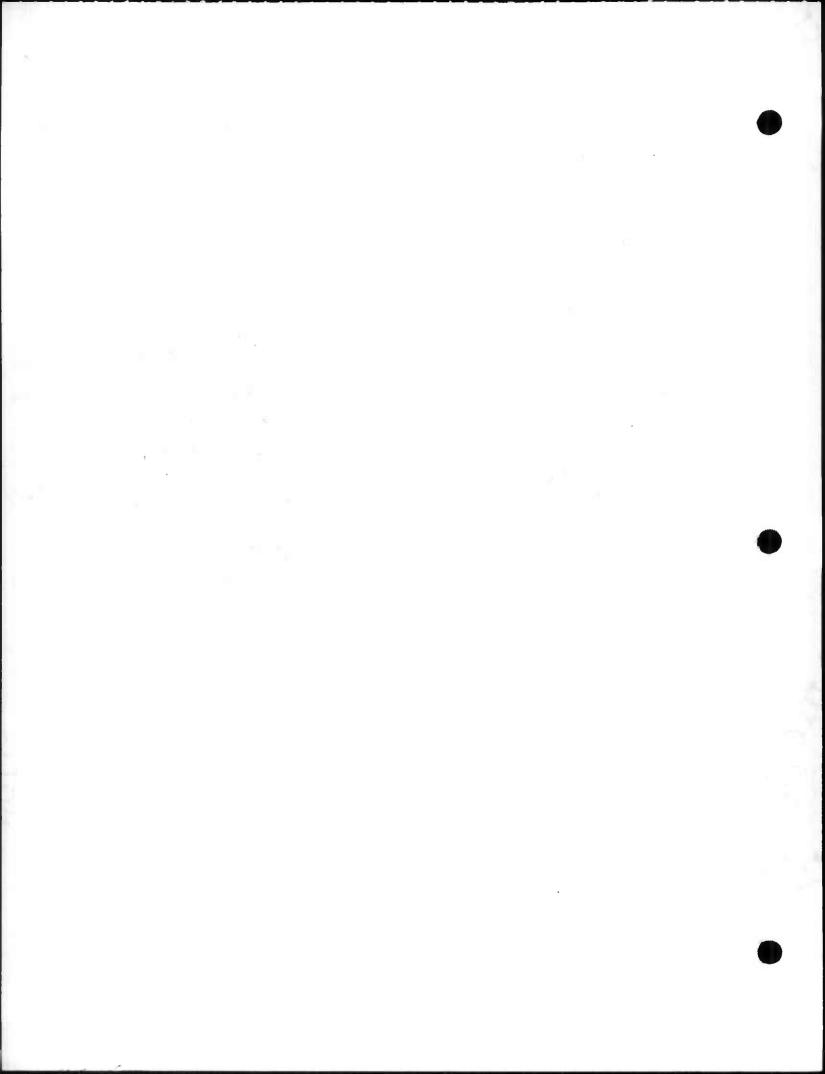
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  ON YEAR  3. TIME OF DEATH												
	EVALYN			-	WARTZ	3			JAN. 8	199	5	7:15 AM M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF SHRTH (Month, Day, Year) JULY 10,	100	Countr	IPLACE (State or Foreign	
	216-36-7028  9a. FACILITY NAME (If not institution, give si	1 M 2 F	85	YRS.	Oh Olani	TOMAS .				1909	IND	IANA	
E E	3601 GREENWAY,		)				TIMO	ON OF DEA	ATM	9c. COL	INTY OF D	EATH	
5	RESIDENCE OF DECEDENT					DAL	TINO	نايا		<u> </u>			
DIRECTOR	MARYLAND 106. COUNTY			10c. CIT	y, town of BA	LTI	MORE					10d. INSIDE CITY LIMITS? 1XXYES 2 NO	
FUNERAL	100. STREET AND NUMBER 3601 GREENWAY,	APT. 909	)	101. ZIP CODE 21218						10g. CI1	USA	YHAT COUNTRY?	
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	MED O	- 11	yea, spe	ecity Cuba	of HISPANIA n, Maxican, Specify:	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No—	0— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
8	15. DECEDENT'S EDUC (Specify only highest grade		18e. DEC	EDENT'S	USUAL OC	CUPATIO	ON .		16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLIE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite	(Give kind of work done during most of workin life. Do NOT use retired.)  PIANIST				og .	MU				
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NAM	E (First, Middle, Maiden	Surname)			
BE (	MOSES			RITZ				REBE			ACKS(	ON	
10	198. INFORMANT'S NAME (Type/Print)  DR. LISA ROBINSO	N		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 224 EARECKSON LANE STEVENSVILLE, MD 21666									
20a_METHOO OF DISPOSITION  1  Burlet 2  Cremation 3  Ramoval from State  4  Donation 5  Other (Specify)											wn, Stata MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.									
	· allersu	- Der	Mor	7	60	10	REIS	TERST	OWN ROAD	BALT	IMOR	E, MD 21215	
	23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death												
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Acu	TE R	Son	ML	Onset and Death							
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART ii. Other algnificant conditions	t contributing to s	looth but not re	nultime I				december 100	E., L.,				
MEDICAL	ALZ her	MINS	Dt not no	Se	A SE		cause g	iven in P	ert i. 24a. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	DID TOBACCO USE CONTR	RIBUTE TO CAU	JSE OF DEAT	H YE	S 🗆 N	0	UNC	ERTAIN					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEAT	H (Check or			/					
IXSI	1 VES 2 NO	1   Inpatient 2			4 - Nursir	ng Home			Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	r, Year)	28b. TIME	URY M		ES 2		28d. DESCRIBE HOW II	NJURY OC	CURED		
	3 Suicide a Could not be detarmined	28s. PLACE OF building, a	INJURY — At horn tc. (Specify)	ne, ferm, s	treet, fector	ry, office			281. LOCATION (Street a City or Town, State)	and Numbe	r or Aurel A	oute Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC								o the cause(a) and man				
₩ II	296. SGNATURE AND YOLK OF CENTIFIER				.,, .,			NSE NUMB				(Monthy-Day, Year)	
0	30. NAME AND ADDRESS ON PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITEM	27) (Туре,	Print)		D	135	545	•	11	8/75	
	7												
	JAN 1 2 1995	32. Aggistrar	'S SCHATURE										

per contract 

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FORTH ON ATTACOME PHISICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	TEGIGITATI	_	<del></del>		-IIII	CAIL	OI.	DLA	III	REG. NO				
	1. DECEDENT'S NAME (First, Mid SAMUEL	idle, Last)			SHELLER					JAN 8, 1995  2. Date of Death MONTH JAN 8, 1995  3. Time of Death 6:50 am M				
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	at hirthday)	IF UNDER 1		IF UNDER	24 MBC	7. DATE OF BIRTH	B BIRTHIN ACE (Crate or Forming			
	212-03-7426		1 K M 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 21,1	905	Countr	NRYLAND	
	9a. FACILITY NAME (If not institut	tion, give str	reet and number)			9b. CITY,	TOWN (	EATN						
DIRECTOR	3921 PINKNET		D			В	ALT	IMORE	3					
입		b. COUNTY			10c. C/T	Y, TOWN OF	RLOCAT	TION					10d. INSIDE CITY	
PIN					1	LTIM							LIMITS?	
	100. STREET AND NUMBER			- · · ·		101. ZIP CODE					10a, CIT	IZEN OF WHAT COUNTRY?		
FUNERAL	3921 PINKNEY	Y ROA	D			21215					118000	USA		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. W	AS DEC	ENDENT C	F NISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, c, White, atc.	
ВУ	1 Never Merried 2 Mar 3 Wildowed 4 Divorced		IF YES, OIVE V	WAR OR DATES	NO			2 XNO						
	- III-III-II - CARREL										Specify: WHITE			
COMPLETED	15. DECEDE (Specify only hig	hest grade (	completed)	(0	live kind of t	T'S USUAL OCCUPATION of work done during most of working IT use retired.)					SINESS/INI	DUSTRY		
2	Elementary/Secondary (0-12)		College (1-4 or 5	+)						MEDICEN				
E	17. FATHER'S NAME (First, Middle		5+		PHA	RMAC.	IST				MEDIC	CINE		
8		i, Last)						18. MOTI	HER'S NAI	AE (First, Middle, Maiden	Surname)			
BE	HYMAN			SHELL						EAH			TAYLOR	
2	19a. INFORMANT'S NAME (Type/I	Print)		19	b. MAILINO	ADDRESS	(Street a	nd Number	or Rural R	oute Number, City or Tow	n, State, Zij	Code)		
	MR. LEE A. S				10 DI	AMON	D C	REST	COUF	T BALTIMO	RE, N	1D 21	.209	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation	3 🗆 Berno	vel Imm State	20b. PLACE cemetery, cre	ANDDATE	F DISPOSIT	TION /Na	me of	1000	DATE 20c. LO	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (Spe		var vroini otalig		CH TF				1-9	-95 BALTIN	ORE,	MD		
- 1	21. SIGNATURE OF PUNERAL SE	RVICE LIGH	ENSEE		22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., I					TNIC				
	· Chui	10m	Ler										RE, MD 21215	
	23. PART/1. Enter the diffea	ises, or b	omplications the	t caused the de	eath. Do r	ot enter t	the mo	de of dyl	ing, sugi	aa cardiac or reapi	ratory an	reat,	Approximate	
	shock, or heart	fallure. L	ist only one cau	ise Dn each line	Ð.			7					Interval Between Onset and Death	
	disesse or condition							<u> </u>	1.	in l			VPC	
f	resulting in death)		DUE TO	(OR AS A CONSE	SEQUENCE OF):							110		
_									H	C!			1485	
CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A CONSE	QUENCE OF	f):		-7					1.//	
8	cause. Enter UNDERLYING												1 1	
Ē	CAUSE (Disease or Injury that initiated events	) "	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
토	resulting in death) LAST		565											
		-												
EDICAL	PART II. Other significant of	onditiona	contributing to	death but not	resulting I	n the und	ierlyln	Cause (	given in i	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음 [										1 _ YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
ME													1 TES 2 ND	
	DID TOBACCO USE	CONTR	IBUTE TO CA	USE OF DEA	TH YE	S 🗆 N	10 E	UNC	ERTAIN					
₹∥	25. WAS CASE REFERRED TO ME	EDICAL				H (Check or								
S	EXAMINER?		HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:		e 5 □ Ra	aldence (	B Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF		28b. TIM	E OF 2	28c. INJ	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pend	ding stigation	(Month, D	ay, Year)	INJ	URY M		RK?	NO					
BY	2 Culate		28a. PLACE O	F INJURY — AI ho	me, farm, s	treet, lactor	ry, office			28I. LOCATION (Street a	and Number	or Rumi A	oute Number	
COMPLETED	0 000	d not be rmined	building,	etc. (Specify)						City or Town, State)			,	
٣ ا	29a. CERTIFIER 1 CERTIFY	NC BHYSIC	IAN: To the heat of	en handada da	-40									
₹										to the cause(s) and mar				
8				Autoria and/or	investigatio	n, in my op	imon, o	eath occur	ed at the t	ime, data and place, an	d dua to tr	ne cause(s)	and mannar as stated.	
шШ	29b. SIGNATURE AND THE OF	CERTIFIER	/					29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	(1/)(2	11	~					D	191	37		//	9/84	
F	30. NAME AND ADDRESS OF PER	RSON THO	COMPLETED CAUS	SE OF DEATHYPRE	M 27) (Type,	Print)								
	31. DATE FILED (Month, Day, Year)		32 REGISTRA	R'S SIGNATURE			_							
- 10	JAN 1 2 1995			OF THE ELECTRIC IN LES.										



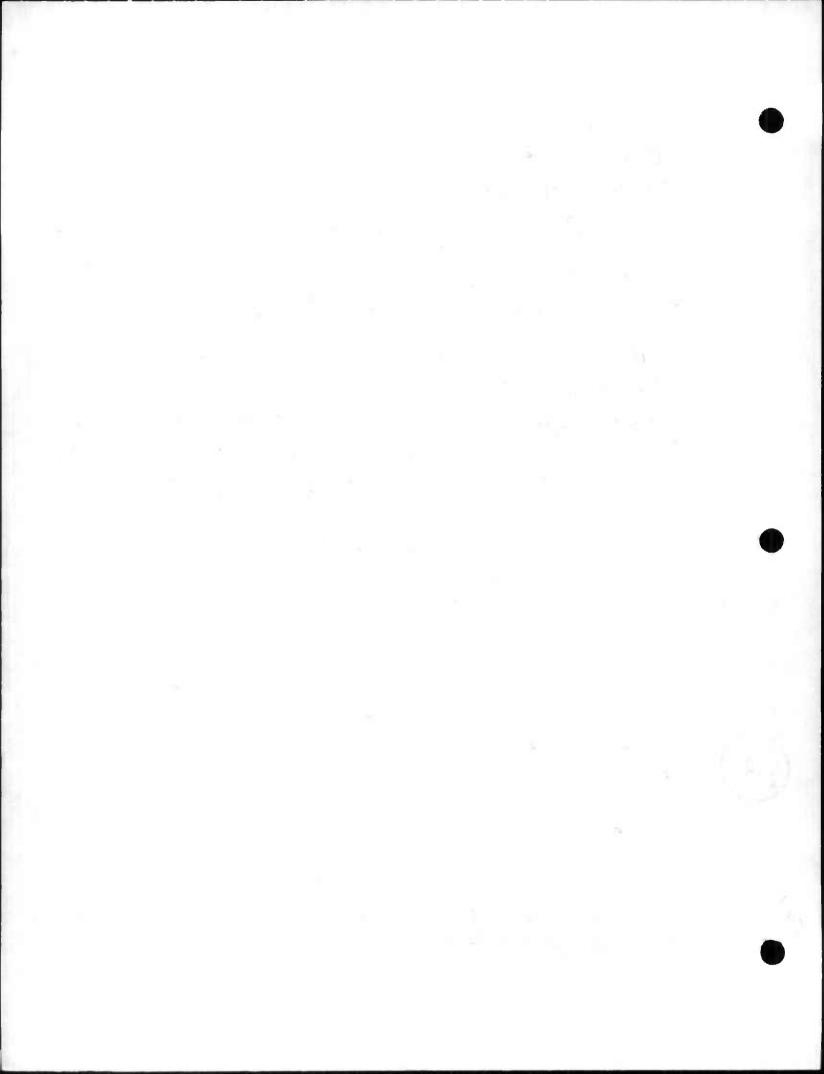
is law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be byte. Or the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be 4 BALTIMORE, MARYLAND 21215-0020

VITAL RECORDS, P.O. BOX 68760

DIVISIO

TO THE HOSPITAL OR ATTACT
TO THE FUNERAL DIRECTOR
De filed within 72 hours all

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last)	(2)				2. DATE OF DEAT		3. TIME OF DEATH
	William	Ci S	boeMA	ker		JANUARI	10 1001	7.45 A M
	I A A IS OFFICE	0.55	1 (3) M	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		BIRTHPLACE (State or Foreign Country)
	110 10 330 1	1 M 2 G F	3 YRS.	JAT S	moons min.		30 1921	MARULAND
000	9a. FACILITY NAME (If not institution, give atre	0 4	9	b. CITY, TOWN O	R LOCATION OF D	EATH /	9c. COUNTY	OF DEATH
ē	RESIDENCE OF DECEDENT	CENTER		rok	140	WARG	154	11:MURQ
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
100	MARYLAND BAI	tim are	1	lanti	h F	aint		LIMITS?
AL	100. STREET AND NUMBER			101.	ZIP CODE	77.101	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	New Battle G	ROVE AV-	c 783.	2	3122	2	a.	S.A
5		12. WAS OECEDENT EVER IN FORCES? 1 7 YES				NIC ORIGIN? (Specifing, Puerto Rican, etc.		RACE — American Indian, Black, White, etc.
84	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES				Specify:
	15. DECEDENT'S EDUCA	74925,194d	16a. DECEDENT'S US	445	AI.	Last Man Os	1	while
	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	done during mos	al of working	160. KIND OF	BUSINESS/INDUST	HY
를	//	Comage (1-4 or 5 +)	BREAK	MAN		RA	il Ros	21
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)	
101	William Rus	sell Sh	OEMAK	er	WILL	A	Kalh	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar	nd Number or Rural	Route Number, City or	Town, State, Zip Coo	(0)
-	KAREN SOL	arks	TREEL	VAY/	Pd. 30	09 BA	170,14	121127
	20a. METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  Remove		PLACE AND DATE OF I		ne of	OATE 200	LOCATION - City	or Town, Stata
	4 Donation 5 Other (Specify)	6	ARden	5 of 11	rith J	AN 13 1.	SAltiMO	Re, Md.
	21. SIGNATURE OF FORERAL SERVICE LICES	)	1	22. NAME AN	A GROW	SK. ICh	MNACK	S.FILP.A.
	Mark (1	(horasa	ch	1005	Davida	Ik Ave	Batte	PU 2,1X
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis	mplications that caused st only one cause on e	the death. Do not	enter the mod	de of dying, suc	h aa cerdiec or n	eapiratory arrest,	Approximats
	IMMEDIATE CAUSE (Finel	0			, ,		- /	Interval Between Onset and Death
	disease or condition resulting in death)	PNEUMO	LiA,	4 cut	ERE	NAL E	slure	>
		OUE TO (OR AS A	CONSEQUENCE OF):				•	
ON N	Sequentielly list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	AKKI	ythr	114		
1 A	if any, leading to immediate cause. Enter UNDERLYING	ASCVO	10.14/	CHE				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in desth) LAST							
	PART II. Other significant conditions	contributing to deeth b	ut not resulting in t	he underlying	ceuse alven in	Part I 24- WA	AN AUTOPSY	
CAL			at not resulting in	ne underlying	cease given in		FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 □ YE	S 2 1 NO	OF DEATH?
	DID TOBACCO USE CONTRI	RUTE TO CAUSE O	E DEATH VEC	B NO D	UNCERTAIL			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		UNCERIAII	4 🗀		
Sic		HOSPITAL:		THER:	5   Sasidance	6 Other (Specify)		
ξ	27. MANNER DF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME D	F 28c. INJU	IRY AT	77	W INJURY OCCURE	ED .
ВУР	1 Netural 5 Pending 2 Accident Investigation	(MORITI, Day, 1981)	INJUR		RK? ES 2 ND			
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atre-	et, fectory, office		281. LOCATION (Str. City or Town, S	eet and Number or R	urel Route Number,
H	4 Homicide determined					0.17 0.10411, 0	tuto)	
COMPLET		AN: To the best of my knowl						
NO.	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, i	n my opinion, de	ath occured at the	time, data and place	, and due to the cer	use(a) and manner as ateted.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1 0			29c. LICENSE NUI	ABER	29d. DATE SIG	NED (Month, Day, Year)
TO B	U. Um	teda o	MO.		0-150	28	DAA	14ANY 10,1995
-	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	11)		II. II		
	CAROLINA	yslodic	PI, P.	V.A.	redica	Cepter	tent How	ARD 11 21052
	31. DATE FILED (Month, Day, Year)	32. REGISTRARY SIGNA	ATURE					
	LIAN I 6 1999 June		•					



BALTIMORE, MARYLAND 2	PARTICULAR PROGRAM: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital	
BA	ter de	
	hours a	
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30	within	
ONOF VITAL RECORDS, P.O. BOX 68760	executed	
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Inficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or Itom 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. or attending physician. JAN: The law requires that the TO THE HUSBYDU, OBTAIN TO THE FUNERAL DIRECT DE flied within 72 house. IMPORTANT. If item

TO BE COMPLETED B

	Item6 1-12-95 Fil	mG719 W.H.	Per F/	'H							Q	5	00577
	FOR	STATE OF MA	RYLAND /	DEPAR	TMENT	NE HEA	NITH A	ND N	IENTAL H	VCIENI		J	00311
	1 - STATE REGISTRAR		CI	ERTIF	ICATE	OF D	EAT	H		G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF D	EATH			3. TIME OF DEATH
	FLORENCE I	B. TE	RRY						JANUA	RY	10,	1995	2:30 P w
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1		F UNDER 24	4 HRS.	7. DATE OF B	RTH		8. BIRTH	IPLACE (State or Foreign
	215-80-2848		<del>102</del> 10	YRS.	MONTHS	DATS HC	OURS	MIN.	11-19-	1893		VIR	ĞINIA
~	9a. FACILITY NAME (If not institution, give s					OWN OR L		N OF DEA	ATH			INTY OF D	
DIRECTOR	CHESAPEAKE MA	NOR NURS	SING H	OME	A	RNOL	עוּ				AIN	INE	ARUNDEL
<u> </u>	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCATION	i						10d. INSIDE CITY
		NE ARUNI	DEL		S	EVER							1 YES 2 NO
RAI	100. STREET AND NUMBER					10f. ZIF	211.	11			10g. CIT		VHAT COUNTRY?
BY FUNERAL	1521 SEVERN RO	T											S.A.
립	1 Never Married 2 Married	12. WAS DECEDENT ET	YES 2		lf.	yes, specify	y Cuban,	Mexican,	C ORIGIN? (Sp , Puerto Rican,	etc.)	or No-	14. RACE Black	E — American Indian, c, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	-	1 [	YES 2 [	XNO	Specify:				Speci	WHITE
	18. DECEDENT'S EDU (Specify only highest grade	CATION COMPleted	18a. DE	CEDENT'S	USUAL OCC	UPATION	d consideran		16b. KINE	OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	life.	. Do NOT us	te retired.)		working						
COMPLETED		NONE	H	OMEN	AKE					1 HC			
8	17. FATHER'S NAME (First, Middle, Lest)  JAMES:	BRANH	A M			18		SAR	E (First, Middle A H	Maiden S	Surname)	(U	NKNOWN)
8	19a. INFORMANT'S NAME (Type/Print)			- MAILINO	ADDRESS	Open and A	Mumbaaaa	0	oute Number, Ci	-			,
٩	OLA M. BUSSEY		i	521	SEVE	RN F	ROAI	D, S	SEVERI	N, I	MD.	2114	4
	20s. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	206. PLACE A	MATE O	DEDISPOSIT	ION (Name o	o/ RTAI	1/ r. P	13/95 ARK				wn, Stata E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER/	OBBIT										ERAL HOME,
	· / ))d	Ville			1 8	ECOI	ND .	AVE	NUE,	S.W	•		
	23. PART I. Enter the diseases, or	complications that co	eused the de	eth. Do n					MARY				Approximate
	shock, or heart failure.	List only one cause	on each line	1.			or uying	9, 00011	aa coronac (	n reapii	atory ar	reat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Sens	~										Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEC	QUENCE OF		_							
z		· Inject	led.	Dec	irlin	tus	5	le	od				
ITIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF	F):								
2	CAUSE (Disease or Injury	С											
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF	ን:								
CER		d											
	PART II. Other significant condition	s contributing to dea	ath but not r	eculting i	n the und	orlying ca	use glv	ven In P		WAS AN A		24b.	WERE AUTOPSY FINDINGS
20	_ OG Ceri	eln Vercu	LW.	(40	red	eu-				YES 2	,		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	-										_		1 TYES 2 NO
ž	DID TOBACCO USE CONTI	RIBUTE TO CAUS					UNCE	RTAIN					
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEAT	H (Check on OTHER:	ly one)							
IYS	1 VES 2 NO	1 Inpatient 2 ER			4 Norstin				Other (Spe				
ď.	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, Y		28b. TIMI INJ	E OF 2	Bc. INJURY WORK?			28d. DESCRIB	HOW IN	JURY OC	CURED	

Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CEBUSYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as attend, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

296/SIGNATURE AND TITLE OF CERTIFIER

OF CONTROL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

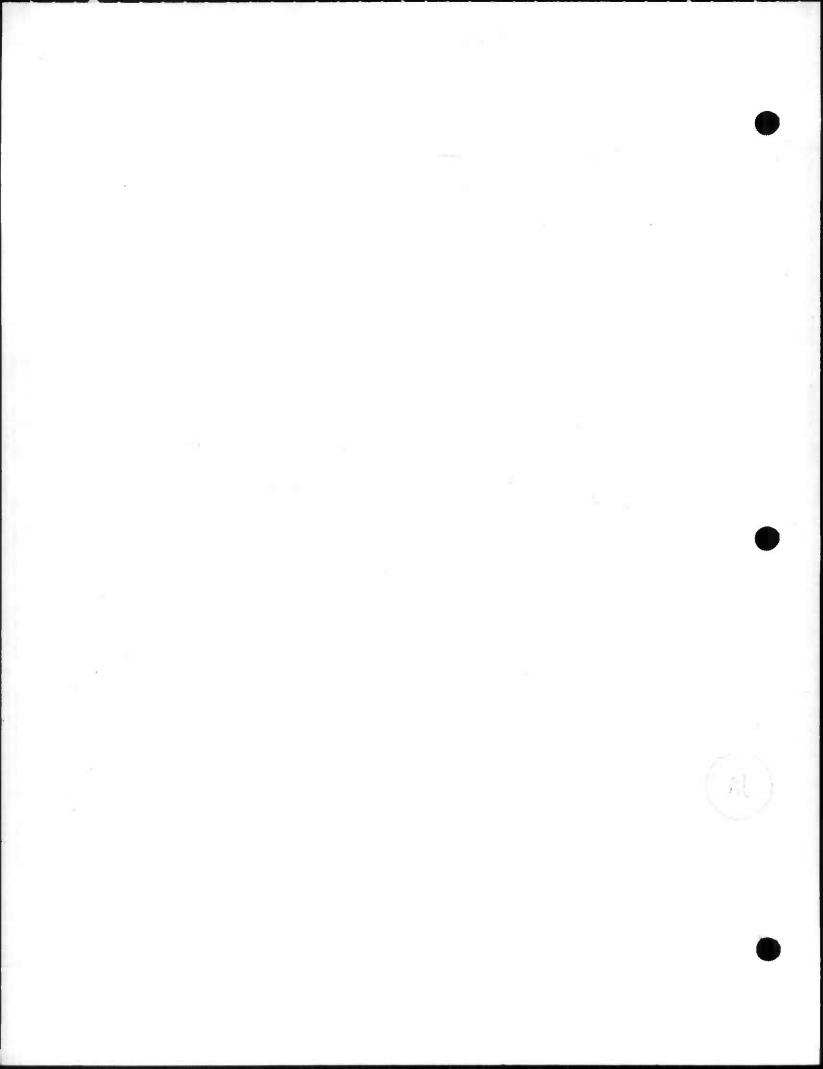
CV. CYRIAC-M.D. 1600 CRAIN (WY)

29c, LICENSE NUMBER 0 21684 GLENBURNIE # 106

MD 2106/.

1600 CRA(N 32. BEGISTRANS SIGNATURE July Division Raylell JAN 12 1995

DHMH-18 Rev 1/89

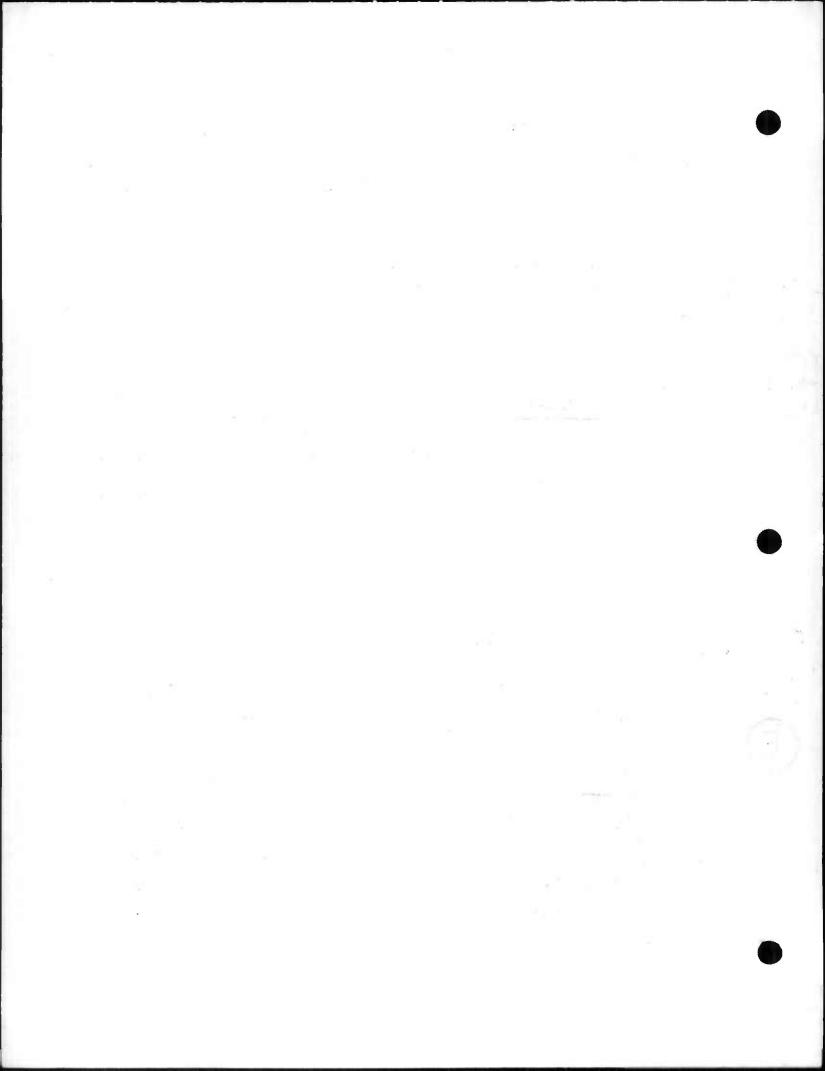


Item19a 1-12-95 FilmG719 W.H.Per F/H

BALTIMORE, MARYLAND 21215-0020 DIVISION SHATE RECORDS, P.O. BOX 68760

FOR				ST	ATE OF	MARYLAN	D /	DEPARTMENT	r OF	HEALTH	AND	MENTAL	HYGIENE
ITEM:	27,	PER	MEO	FILM	G-726	8/24/95	t.	t					
			-					-,					

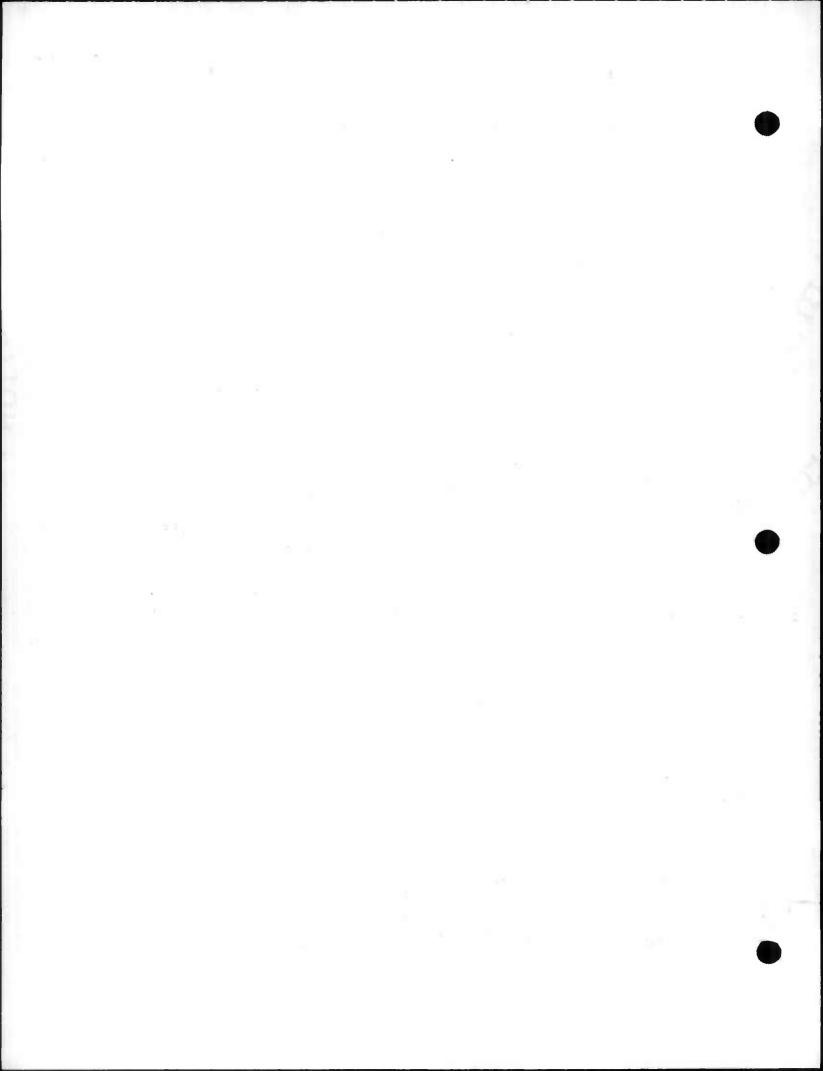
		REGISTRAR		CERTIF	CATE OF	DEATH	F	EG. NO.		
		1. OECEDENT'S NAME (First, Middle, Last					2. DATE OF	DEATH	3.	TIME OF DEATH
}		Manjonie E. V	anskiven				Jan	. 9./99	YEAR	M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	8. BIRTHPL	ACE (State or Foreign
_		220-07-4920	1 □ M 2 🔀 F	76 YRS.	MONTHS DAYS	HOURS MIN.	fan.	9. Year) 29,1918	New	
should		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			TY OF OEAT	Jersey
CO.	E E	Bay View Medi	cal Cntr.	- 1	Balt	imore				
1. 2.	l g	RESIDENCE OF DECEDENT								
Pages	DIRECTOR	10a. STATE 10b. COUN		10c. CITY	, TOWN OR LOCA	TION			10	d. INSIDE CITY LIMITS?
쇝	1	Md. Ba	Ltimore	$\beta$	altimo	re			C 11	YES 2X NO
permit.	¥	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITI	ZEN OF WHA	T COUNTRY?
n. anskt	E	7809 Beverly	Ave.			21214			U.S.+	4.
physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DE	CENDENT OF HISPAI	VIC ORIGIN? (S	pecify Yes or No-	14. RACE -	American Indian,
e p	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, OIVE WAR OR D			pecify Cuban, Mexica S 2 (NO Specif		1, atc.)	Specify:	Thite, etc.
ending as the										White
use a	ETED	15. OECEDENT'S ED (Specify only highest grad		18e. DECEDENT'S I	ork done during m	ION ost of working	16b. KIN	D OF BUSINESS/IND	USTRY	
ftal o	Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemo	regred.) ZRER			Home		
the hospit detached once.	COMPL									
by the		17. FATHER'S NAME (First, Middle, Last) Ernest E. Wah	/					e, Maiden Surname)		
to be	BE					1		. Gontri		
5 should	2	charles Cult	Cullison III	19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, C	City or Town, State, Zip	Code)	,
ay be page 5							· Bal	to., Md.		
ector, p		20e. METHOD OF DISPOSITION 1 M Burtel 2 ☐ Cremation 3 ☐ Rei		PLACE AND OATE O			OATE	20c. LOCATION —		
	1 1	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	1/1	etery, cremetory or oth			1///	2 Balto	. Md.	
death. Pag tuneral di i. examiner			1		Han	ND ADDRESS OF FA	CILITY	Funenal	Home	
r dea		Jocy D. >	Smoth		752	Hanlo	nd Rd	Euneral Balto	Md	21234
d in by the or removal.		23. PART i. Enter the disesses, pr	complications that caused	I the death. Do no	ot enter the m	ode of dying, suc	h as cardiac	or respiratory sm	est.	Approximate
filled in on, or re		shock, or heert fallure iMMEDIATE CAUSE (Finsi	List only one ceuse on e	ech line.					1997	interval Between
hy fille		disesse or condition	ASC	21/2						Onset and Death
ompletely fill cremation, event, the		resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF	):					
P 0 8	2		100							
e be execut sician and c rior to buris traumatic	RTIFICATION	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):					
ficate be exphysician a ne prior to her traum	8	cause. Enter UNDERLYING	•							
tifica g phy iene ther	Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	):					
h cel endin Hyg		resulting in death) LAST	d							
that the death certificate ed by the attending physic h and Mental Hygiene pri any Injury, or other ti	B	PART II Other elecificant are dist								
th the py the sind A ling	DICAL	PART ii. Other significent condition	ns contributing to death be	ut not reaulting in	the underlyin	g cause given in	Part i. 24s	PERFORMED?		RE AUTOPSY FINDINGS AILABLE PRIOR TO
ned by alth an	ă						10	YES 2 18 10		MPLETION OF CAUSE DEATH?
requires seen sign of Heal	Z Z								1 (	YES 2 NO
23 sl		DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	S NO [	UNCERTAIN	4 🗆			
A S	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH						
the Str	1S	1 TYES 2 NO	1 Inpetient 2 ER/Outp		OTHER: 4 Mursing Hor	ne 5 🗆 Residence	8 Other (Spi	ocify)		
3	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DEŞCRIE	E HOW INJURY OCC	URED	
After this death with s marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
R: Ar		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— Al home, farm, st	reet, factory, offic	:a	28f. LOCATION	N (Street and Number	or Rural Route	Number,
OR ATTENDING PROPERTY OF STEEL THIS THOURS After death with Item 28 is market	ETE	4 Homicide datermined					only or los	vii, orane)		
OIRE Hours	MPLE	29a. CERTIFIER (Check only	SICIAN: To the best of my knowle	edge, death occurred	f at the time, date	end place, and due	to the cause(s)	and manner as state	d	
HOSPITAL FUNERAL WITHIN 72	WC	one) 2 MEDICAL EXAMIN	ER: On the besie of examination	and/or investigation	, in my opinion,	feath occured at the	time, data and	place, and due to the	ceuse(s) an	d menner as stated.
TO THE HOSPI TO THE FUNER DE filed within	E C0	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN				onth, Day, Year)
TO THE TO THE De filed	00	1 Nel do	b-1.118	•		W22	409	290. DATE	SIGNED (MO	ritin, Day, Year)
₽ ₽ % <b>X</b>	2	30. NAME AND AODRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type I	Print)	2/0	101		11019	5
^		1. 14. 0/201	I- ux		sler Z	1230 5	wite 20		,	11-1 212-11
5		31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SIGNA		JUF L	411	ecu_10	1 / 140.	5074	va 21204
/	}	- 7A 486P (	Alia Davelson						<i>y</i>	
		JAM 17 1995	The state of the	and Colleges						



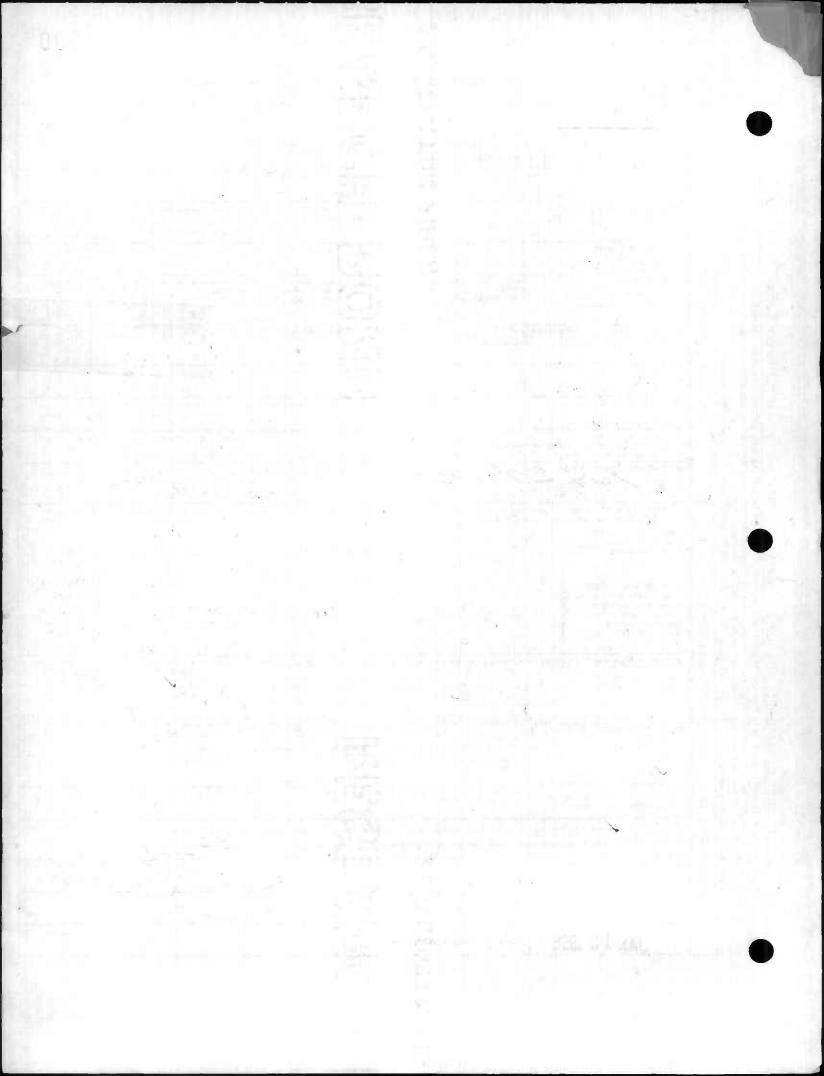
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												HEG. NO.	_			
		1. DECEDENT'S NAME (First, Middle, Leat)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH										TIME OF DEATH				
		ALICE		ELIZA	BETH		WIL.S	MOS					8. 19		M	
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yra	. last birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE	OF BURTH			ACE (State or Foreign	
		216-36-7727		1 🗆 M 2 🕞 F		4 YRS.		DAYS	HOURS	MIN.	A4974	UST7', 1	940	Country)		
3		Do FACH I'M MARE IN	- the state of the	X		7710						0517,1			yland	
should	~	90. FACILITY NAME (If not in					96. CITY, 1	OWN (	OR LOCATION	ON OF DEA	ATH		9c. COUNT	Y OF DEAT	гн	
2,3	CTOR	516 N. Patt	erson	Park			Ba1	ti	nore				N/	Ά		
←*	5	RESIDENCE OF DEC	10b. COUNT													
8	DIRE	IVO. OTATE	IVO. COUNT			10c. CI	Y, TOWN OR	LOCAT	TION					10	INSIDE CITY	
2		MD	N/	A		Ba	Baltimore							1	YES 2 NO	
permit. Pages	RAL	10e. STREET AND NUMBER				101. ZIP CODE							10g. CITIZE	N OF WHA	T COUNTRY?	
. <del>iz</del>	E	516 N. Patt	erson	Park		21205							13	C A		
Cian	FUNE	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S	ARMED	13. W	AS DEC			IC OBIGIN	? (Specify Yea	S.A.	American Indien.		
D20 phys		1 Never Merried 2	Married	FORCES?	YES 2	S 2 NO If yes, specify Cuban, Mexics					, Puerto F	licen, etc.)	Black, W	Thite, atc.		
1215-0020 r attending physician. use as the burial-transit	BY	3√ Widowed 4 □ Dive	beard	IF 1ES, GIVE V	MN ON DATES		1,1	_ YES	S M NO	Specify:				Specify:	Dlask	
215 attend	0	15. DEC	EDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCC	TIPATIO	ON		1446	KIND OF BUS	NECC (INDIII	D.T.EW	Black	
212 212 al or a for use	E		y highest grade				work done du			ng .						
	7	Elementary/Secondary (I	1-12)	College (1-4 or 5	+>						R	EGISTR	Y of	J.H.	Η.	
LAND 21 the hospital or detached for u	COMPLETED	17. FATHER'S NAME (First, N		N/A		Nurse	5	15. MOTHER'S NAME (First, Middle, Malden Surname)								
A se se	8								15. MOTI	HER'S NAM	NE (First, A	fiddle, Maiden S	Sumame)			
A PA	BE	George Smit					Bertha Cree									
MARYLAND retained by the hospits 5 should be detached notified at once.	0	190. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (	DODESS /Street and Number or Sharel South Number China So						ode)		
		JUDY WILS	UN			516	N. P	PATTERSON PARK, BALTIMORE, MARYLA						RYLAND#U5		
W - 9 - 41		20a. METHOD OF DISPOSIT	ION		20b. PLA	CE AND DATE	OFDISPOSIT	ION (Na	ama of		DATE	20c. LOC	ATION - CI	ly or Town.	State	
BALTIMOR er death. Page 6 may the funeral director, p val.		1 Donation 6 Other		oval from State	cemetery	EENMOG	INTPlace) C	EME	ETERY		1	BALTIMORE, MARYLAND				
ALTIM death. Page funeral direc		21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE	/		_		ND ADDRES		ILITY					
ALTIN death. Pag tuneral dir i.		1	/ -	11- 1	1/ 1	2000						East				
BA ter de mal.		7/10	met	WA	710	nes	1110	)] ]	E. NO	RTH	AVEN	TIE/BAT	TIMOR	E. M	D 21202	
ca aft		23. PART I. Enter the d	ineans, or o	omplications the	it caused the	deeth. Do	not anter th	na mo	da of dyl	ng, auch	as card	lec or reapir	etory arres	rt,	Approximate	
A of Bo		shock, or h	aart fallure.	List only one ceu	use on each	line.									Interval Between	
조 를 연 호		disesse or condition		1.4	1	1 7	C.	- 6							Onset and Death	
760 ad within 24 ompletely fill if, cremation, event, the	Н	resulting in death)	7	n. To TO	Curali	1	ntai	4	100						One hour	
P 0 0 1 6				DUE TO	(OR AS A COR	SECUENCE O	r): l.(									
66 and pard	CERTIFICATION	Sequentially list condit	lona,	1714	netes	me	2111+	us				ZYrs				
BOX cate be ex hysician a prior to rr traum	Ē	If sny, leading to imme cause. Enter UNDERLY	diata	/4 S 10	(OR AS A CON	A A	P):		1						112	
	5	CAUSE (Disease or Inju	iry 【	DUE TO	marc	1 An	ter	1	di	Store	SC				15 yrs	
O. B ertificat ing phy rgiene p	E	that initiated events resulting in death) LAS		DUE 10	(OR AS A CON	BEOUENCE O	F):									
G # # P	H H	resulting in death) CAS														
S, de				1												
	1 10	PART II Other significa	ent condition	s contributing to	death but n	nt manufater	lm Ab i d	t t								
A the A Lini	AL I	PART II. Other algolifica	nt condition	contributing to	deeth but n	ot reaulting	in the unde	eriying	g ceuse g	jiven in P	Part I.	24a. WAS AN A		AW	RE AUTOPSY FINDINGS	
ORDS, is that the dea pred by the att afth and Menta is any Injury,	DICAL	PART II. Other algorifica	nt condition	a contributing to	deeth but n	ot reaulting	in the unde	eriying	g ceuse g	jiven in P	Part I.		NED?	AM		
puries n sign r Heal	MEDICAL	PART II. Other algolitics	nt condition	a contributing to	deeth but no	ot resulting	in the unde	erlying	g ceuse g	jiven in P	Part I.	PERFORM	NED?	AM CO OF	MILABLE PRIOR TO MPLETION OF CAUSE	
puries n sign r Heal	N: MEDICAL	PART II. Other algnifica					_	_		ilven in P		PERFORM	NED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
L REC law requires as been sign lept, of Heal 23 shows	MEDICAL	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF D		S 🗆 N	0 [				PERFORM	NED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
L REC law requires as been sign lept, of Heal 23 shows	SICIAN: MEDICAL	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF D	EATH YI	TH (Check on	O [	] UNC	ERTAIN		PERFORM	NED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
L REC law requires as been sign lept, of Heal 23 shows	HYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?	SE CONTI	RIBUTE TO CA	USE OF D 28. P ER/Outpation	EATH YILACE OF DEA	TH (Check on OTHER:	O [	UNC	ERTAIN	Other	PERFORM 1 YES 27	NO	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
OF VITAL REC PHYSICIAN: The law requires this certificate has been sign with the State Dept, of Heal red, or item 23 shows	PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Netural 5	SE CONTI	RIBUTE TO CA	USE OF D  28. P  ER/Outpatien	EATH YI	TH (Check on OTHER: 4   Number	y one) g Hom Bc. [NJ	UNC	ERTAIN	Other	PERFORM	NO	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
OF VITAL REC PHYSICIAN: The law requires this certificate has been sign with the State Dept, of Heal red, or item 23 shows	BY PHYSICIAN: MEDICAL	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER: 1	SE CONTI	RIBUTE TO CA  HOSPITAL: 1   Inpatient 2  28a. DATE OF (Month, D	LUSE OF D  26. P  ER/Outpatien  INJURY  ley, 'beer'	EATH YILLACE OF DEA	OTHER: 4   Nursin	y one) g Hom Bc. INJ WO	UNC  B 5 Re  URY AT INKY?  YES 2	ERTAIN sidence 6	Other	PERFORM 1 YES 27 (Specify) CRIBE HOW IN	NO NO	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
OF VITAL REC PHYSICIAN: The law requires this certificate has been sign with the State Dept, of Heal red, or item 23 shows	BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	SE CONTI O MEDICAL Pending Investigation Could not be	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D	USE OF D  28. P  ER/Outpatien	EATH YILLACE OF DEA	OTHER: 4   Nursin	y one) g Hom Bc. INJ WO	UNC  B 5 Re  URY AT INKY?  YES 2	ERTAIN sidence 6	Other	PERFORM 1 YES 27	NO NO	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
OF VITAL REC PHYSICIAN: The law requires this certificate has been sign with the State Dept, of Heal red, or item 23 shows	ED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6 Homicide	SE CONTI O MEDICAL Pending Investigation	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D	USE OF D 26. P (ER/Outpatien INJURY ey, Veer)	EATH YILLACE OF DEA	OTHER: 4   Nursin	y one) g Hom Bc. INJ WO	UNC  B 5 Re  URY AT INKY?  YES 2	ERTAIN sidence 6	Other	PERFORM  1 YES 27  (Specify)  CRISE HOW IN	NO NO	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
OIVISION OF VITAL REC OR ATMUNE PHYSICIAN: The law requires DIRECTOR Mare this certificate has been sign roug after them with the State Dept. of Heal tem 28 marked, or frem 23 shows	ETED BY	DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 6   4 Homicide	SE CONTI D MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, D) 25a. PLACE O building,	LUSE OF D  26. P  ER/Outpatien  ER/Outpatien  F INJURY — Ai  atc. (Specify)	EATH YI LACE OF DEA 3 DOA 28b. TIM	OTHER: 4 Nursin E OF FURY M street, fector	y one)  g Hom  Bc. INJ  WO  1 1 1	UNC  URY AT  PKC?  US 2	ERTAIN sidence 6	5 Other 25d. DE\$ 25f. LOCA Chy c	PERFORM  1 YES 27  (Specify)  CRISE HOW IN	JURY OCCUI	AM CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
DIVISION OF VITAL REC DA OR ATRACTIC PHYSICIAN: The law requires VAL DIRECTOR Are this certificate has been sign 72 hour after them with the State Dept. of Heal II liem 28 marked, or frem 23 shows	ETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29. CERTIFIER (Check only)	SE CONTI O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1   Inpatient 2 28a. DATE OF (Month, D) 25e. PLACE Obuilding.	LUSE OF D  26. P  ER/Outpatten  INJURY ey, Year)  FINJURY — At atc. (Specify)  my knowledge	EATH YILLACE OF DEA	OTHER: 4   Nursin E OF URY M street, fector	y one) g Hom Bc. INJ WO 1 1 1	UNC  S Re  URY AT  RK?  YES 2 and place,	ERTAIN sidence 6 No	G Other	PERFORM  1 YES 27  (Specify)  CRISE HOW IN  TION (Street er Yown, State)	JURY OCCUI	AMM COOP 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO NUMber,	
DIVISION OF VITAL REC DA OR ATRACTIC PHYSICIAN: The law requires VAL DIRECTOR Are this certificate has been sign 72 hour after them with the State Dept. of Heal II liem 28 marked, or frem 23 shows	COMPLETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Netural 5   2   Accident 3   Suicide 6   4   Homicide 29e. CERTIFIER (Check only one) 2   MEDI	SE CONTI O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1   Inpatient 2 28a. DATE OF (Month, D) 25e. PLACE Obuilding.	LUSE OF D  26. P  ER/Outpatten  INJURY ey, Year)  FINJURY — At atc. (Specify)  my knowledge	EATH YILLACE OF DEA	OTHER: 4   Nursin E OF URY M street, fector	y one) g Hom Bc. INJ WO 1 1 1	UNC  a 5 Re  URY AT  RK?  YES 2 and place, eath occur	ERTAIN sidence 6 No end due to	Other City of the cause, date	PERFORM  1 YES 27  (Specify)  CRISE HOW IN  TION (Street er Yown, State)	JURY OCCUI	AMO CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,	
DIVISION OF VITAL REC  F. HOSPIAL OR ATTAUNG PHYSICIAN: The law requires  THE FUNERAL DIRECTOR As this certificate has been sign filed within 72 hours after them with the State Dept. of Heal PORTANT: If liem 28 marked, or frem 23 shows	ETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29. CERTIFIER (Check only)	SE CONTI O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 25e. PLACE Obuilding.	ER/Outpatien  ER/Outpatien  INJURY — Air atc. (Specify)  my knowledge xamination end	EATH YILLACE OF DEA	OTHER: 4   Nursin E OF URY M street, fector	y one) g Hom Bc. INJ WO 1 1 1	UNC  a 5 Re  URY AT  RK?  YES 2 and place,  eath occur	ERTAIN sidence 6 No	25d. DE\$	PERFORM  1 YES 27  (Specify)  CRISE HOW IN  TION (Street er Yown, State)	JURY OCCUI	AMO CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO NUMber,	
DIVISION OF VITAL REC HOSPITAL OR ATTACHER PROPIES TO A MATERIAL PRECIDENT THE CONTINUES TO BE A STATE OF THE WITHIN TO POUR After them with the State Dept. of Heal MANT: If them 28 members, or them 23 shows	BE COMPLETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident 3 Suicide 6 Homicide  29e. CERTIFIER (Check only One) 2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined  CAL EXAMINE  OF CERTIFIER	RIBUTE TO CA  HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D  26a. PLACE Of building.  CIAN: To the best of a:  R: On the best of e	ER/Outpatien INJURY Ley, Year)  Try knowledga xamination end	EATH YILLACE OF DEA	TH (Check on OTHER: 4   Nursin E OF URY M   2: URY M	y one) g Hom Bc. INJ WO 1 1 1	UNC  a 5 Re  URY AT  RK?  YES 2 and place,  eath occur	ERTAIN sidence 6 No end due to	25d. DE\$	PERFORM  1 YES 27  (Specify)  CRISE HOW IN  TION (Street er Town, State)  De(e) end manner and place, end	JURY OCCUI	AMO CO OF 1 {	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,	
DIVISION OF VITAL REC  F. HOSPIAL OR ATTAUNG PHYSICIAN: The law requires  THE FUNERAL DIRECTOR As this certificate has been sign filed within 72 hours after them with the State Dept. of Heal PORTANT: If liem 28 marked, or frem 23 shows	COMPLETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Accident 3 Suicide 6 Well Homicide 290. CERTIFIER (Check only 0'70) 2 MED 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined  CAL EXAMINE  OF CERTIFIER	RIBUTE TO CA  HOSPITAL: 1   Inpatient 2  28e. DATE OF (Month, D  25e. PLACE O building,  CIAN: To the best of e	ER/Outpatien INJURY ey, Yeer)  FINJURY — At atc. (Specify)  my knowledga xamination end	EATH YILLACE OF DEA	TH (Check on OTHER:  4   Nursin E OF URY M street, fector ed at the time on, in my opin Print)	O Fig. (1) y one)  g Hom WO 1 N y, office s, date	UNC  UNY AT  RK?  YES 2  and place, eath occur  29c. LICE	ERTAIN sidence 6 No end due to	25d. DE\$ 25f. LOCAL City of the cause of the	PERFORM 1 VES 27  (Specify)  CRIBE HOW IN  TION (Street er Fown, State)	JURY OCCUI	AMONEO (McC	AILABLE PRIOR TO MMPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,  and manner ee stated.	
DIVISION OF VITAL REC NE HOSPTAL OR ATTAUNG PHYSICIAN: The law requires THE FUNERAL DIRECTOR As this certificate has been sign filed within 72 houry after them with the State Dept. of Heal PORTANT: If lifem 28 marked, or frem 23 shows	BE COMPLETED BY	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 Homicide 290. CERTIFIER (Check only 2 MED) 290. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF MAUNUM	SE CONTI O MEDICAL  Pending Investigation Could not be determined  IFYINO PHYSIC CAL EXAMINE  OF CERTIFIER  F PERSON WHI	RIBUTE TO CA  HOSPITAL: 1   Impatient 2  28e. DATE OF (Month, D  28e. PLACE O building,  CIAN: To the best of e  R: On the best of e	ER/Outpatien  ER/Outpatien  INJURY — Air atc. (Specify)  my knowledge xamination end  ### A PART AIR	EATH YILL ACE OF DEA	TH (Check on OTHER:  4   Nursin E OF URY M street, fector ed at the time on, in my opin Print)	O Fig. (1) y one)  g Hom WO 1 N y, office s, date	UNC  UNY AT  RK?  YES 2  and place, eath occur  29c. LICE	ERTAIN sidence 6 No end due to	25d. DE\$ 25f. LOCAL City of the cause of the	PERFORM  1 YES 27  (Specify)  CRISE HOW IN  TION (Street er Town, State)  De(e) end manner and place, end	JURY OCCUI	AMO CO OF 1 {	AILABLE PRIOR TO MMPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,  and manner ee stated.	
DIVISION OF VITAL REC NE HOSPTAL OR ATTAUNG PHYSICIAN: The law requires THE FUNERAL DIRECTOR As this certificate has been sign filed within 72 houry after them with the State Dept. of Heal PORTANT: If lifem 28 marked, or frem 23 shows	BE COMPLETED BY	DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 6   4 Homicide  290. CERTIFIER (Check only one) 2  MEDI  290. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF MAUVILLA  31. DATE FILED (Month, Dey.	SE CONTI O MEDICAL  Pending Investigation Could not be determined  IFYINO PHYSIC CAL EXAMINE  OF CERTIFIER  F PERSON WHI	RIBUTE TO CA  HOSPITAL: 1   Impatient 2  28e. DATE OF (Month, D  28e. PLACE O building,  CIAN: To the best of e  R: On the best of e	ER/Outpatien INJURY ey, Yeer)  FINJURY — At atc. (Specify)  my knowledga xamination end	EATH YILL ACE OF DEA	TH (Check on OTHER:  4   Nursin E OF URY M street, fector ed at the time on, in my opin Print)	O Fig. (1) y one)  g Hom WO 1 N y, office s, date	UNC  UNY AT  RK?  YES 2  and place, eath occur  29c. LICE	ERTAIN sidence 6 No end due to	25d. DE\$ 25f. LOCAL City of the cause of the	PERFORM 1 VES 27  (Specify)  CRIBE HOW IN  TION (Street er Fown, State)	JURY OCCUI	AMONEO (McC	AILABLE PRIOR TO MMPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,  and manner ee stated.	



	REGISTRAR		CERTIF	-ICATE	OF DEATH	REG. I	VO.		
	1. DECEDENT'S NAME THERE'S	Jeanette	ALLE	.0/		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	1		-			11 95		
	34-14-14-14-14-14-14-14-14-14-14-14-14-14	The second second second second	AGE (in yrs. last birthday)		EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Fore Country)	
	232-32-5596	1 M 2 F	66 YRS.			Sept 4,	1928   V	/irginia	
	9a. FACILITY NAME (If not institution, give	street and number)	15	9b. CITY, TO	OWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH	
CTOR	Church Ho	spital		B	altimore	City			
ธั	Church Hospital Baltimore City								
RE	10a. STATE 10b. COUNT	ry	10c. CI	TY, TOWN OR I	LOCATION		Tan er	10d. INSIDE CITY	
ā	Maryland		1317		Ba1	timore C	itv	1 X YES 2 N	
7	10e. STREET AND NUMBER				101, ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	319 S. Wolfe S	Stroot			21	231	111	CA	
Z	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN ILO ADMED	40. 110	S DECENDENT OF HISPA			SA	
ī	1 Never Married 2 Married	FORCES? 1	YES 2 XNO		es, specify Cuben, Maxie		14.	RACE — American India Black, Whita, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 [	YES 2 X NO Spec	Hry.		Specify:	
9	15. DECEDENT'S ED	ICATION	Late DECEDENT				<u> </u>	White	
ETE	(Specify only highest grad	le completed)	16a. DECEDENT	work done duri	ing most of working	16b. KIND OF	BUSINESS/INDUST	RY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT						
¥	11		wa.	itres	S	Res	tauran	<u>t                                      </u>	
COMPL	17. FATHER'S NAME (First, Middle, Last)				CHE - CONTROL DE	AME (First, Middle, Mail			
ш	Leo "Unkr	nown" Hutz	zler		Thel	ma "Unkn	own" De	eHaven	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	Street and Number or Rura	l Route Number, City or	Town, State, Zip Coo	ie)	
5	Anne Lucy Ingr	cam	104	Adria	tic Aven	ue Tamp	a, FL	33606	
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE				LOCATION — City		
	1 Buriel 2 X Cremetion 3 Rer	noval from Stata			ory, Inc.	1			
	4 Donalion 5 Other (Specify)  21. SIGNATURE OF FUMERAL SERVICE L	OFWEET AN	Metro C	remat	ory, inc.	1/13	Baltime	ore, MD	
	21. SIGNATURE OF PURENAL SERVICE L	Signer / Mary	141	Cr.	ME AND ADDRESS OF E	Society	of Md.	. Inc.	
	George E.	MacNahh		29	9 Freder	ick Boad	Ralto	, MD 2122	
_	23. PART I. Enter the diseases, or		used the death. Do						
	ahock, or haart failure	List only one cause	on each line.	1101 011101 111	o mode or dying, ad	cii sa caldisc oi je	apiratory arrest,	interval Be	
	IMMEDIATE CAUSE (Fine) disease or condition								
	resulting in death)	4	26b	212				dan	
		DUE TO (OR	AS A CONSEQUENTE	DF):				0	
Z		b	rneu	moni	9			days	
5	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							1 8	
3	cause. Enter UNDERLYING	C	hronic e	bstruc	ctive lu	ing dis	101	Wea.	
RTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUENCE			3		100	
1	resulting in death) LAST	all all							
CE		u	1-0						
7	PART II. Other algnificant condition	na contributing to dea	ath but not resulting	in the unde	rlying cause given i	n Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIR	
DICAL	THE RESERVE OF THE PARTY OF THE						FORMED?	AVAILABLE PRIOR 1	
						1 YES	2 NO	OF DEATH?	
Σ								1   YES 2   F	
PHYSICIAN:									
ਹ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (C	Check only one)			
S	1 D YES 2 NO	1 Inpetiant 2 ER	VOutpetient 3 DDA	OTHER:	g Home 5 🗆 Rasidence	8 Other (Specify)			
£	27. MANNER OF DEATH	28s. DATE OF INJ		ME OF 28	C. INJURY AT	28d. DESCRIBE HO	W INJURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Y	var)	IJURY M	WORK?				
BY	a Catalan	28e. PLACE OF IN	JURY — At home, ferm,			281. LOCATION (Stre	est and Number or G	Cural Shorts Mumber	
8	4 Homicide 6 Could not be	building, etc.	(Specify)	, survey, metaly	, omee	City or Town, St		urar rioute Number,	
	SWEW SHIELD								
7	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occur	rred at the time	, deta and place, and de	re to the cause(a) and	manner as stated.		
COMPLET		ER: On the besis of exami						use(s) end manner as a	
ပ									
B	296. SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE N	JMBER	29d. DATE SH	GNED (Month, Day, Year)	
	thea	Abbovo		2	10432	35	1	111195	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)					
	Hear	Appour	1, M.O	(	Church 1	tocaitor.	1.		
	31. DATE FILED (Month, Day, Year)	32 AEGISTRAR'S	SIGNATURE		10/10-1	Julio			
	IAN 1 3 1995	July Day	SIGNATURE CLUCK RANGELLY						
	SEN FO 1939								
_									



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	Item1 1-13-9	5 FilmG719 W.H	.Per F	/ <u>H</u>			30	00001
	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	_	
ě	1. DECEDENT'S NAME (First, Middle, Last) FANNTE	Mae BYNI	υМ			2. DATE OF DEATH MONTH DA	AY YE.	3. TIME OF DEATH 12:26 7 M
1	and the state of t	5. SEX 8. AGE (In yrs. la	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) June 9,1	944 M	
TOR	Good Samaritan				timore		9c. COUNTY	/A
DIRECTOR	Maryland N/A			own or locat ltimo:	re			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 1531 Gleneagle 11. MARITAL STATUS	Road			21239	AT	US	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES		If yes, spi	ENDENT OF HISPAN scify Cuban, Maxica 2 NO Specifi	IIC ORIGIN? (Specify Yea n, Puarlo Rican, etc.) /:		RACE — American Indian, Black, White, aic. Specify: Black
COMPLETED	10th grade	College (1-4 or 5 +)	ECEDENT'S USI Give kind of work e. Do NOT use re Memak		DN st of working	16b. KIND OF BUS	INESS/INDUST	RY
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	Edward Jordan,  190. INFORMANT'S NAME (Type/Print)					M. Good		
5	Yolanda Scurry  20a. METHOD OF DISPOSITION	3	612 E	lmore	Avenue		ore, l	Maryland
	208. METHOU OF DISPOSITION 1 Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE-MCEN	cemetery, cr	ematory or other	t Cem	ne of 1 etery ID ADDRESS OF FA		timore	e, Maryland
	Berung / Ve	ri		Chati	man-Har	ris F/H	Baltin	erstown Rd more,Md2121
	23. PART I Enter the diseases, or conshock, or heart failure. List immediate CAUSE (Final disease or condition resulting in death)	mplicetions that ceused the dist only one cause on each lin	е.					Interval Between Onset and Death
RTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE						
CERTII	that initiated events resulting in death) LAST							İ
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but not	reaulting in t	he underlying	cause given in	Part i. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEA	ATH YES		UNCERTAIN	<u> </u>		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLA	CE OF DEATH (		-			
YSI	1 DYES 2 NO	Ohpetlent 2 ER/Outpetlent :	3 DOA 4 (			8 Other (Specify)		
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 Y	RK? 'ES 2 NO	28d. DESCRIBE HOW IF		
8	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	oma, farm, atras	nt, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Re	ural Route Number,
COMPLET		AN: To the best of my knowledga, do On the basis of axamination and/or						use(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	п	D		29c. LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year)

PO 8

2 39

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LIN

31. DATE FILED (Month,

Lena Sayes 11. D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE

GH

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Raven

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R

Self and Flore

BALTIMORE, MARYLAND 21215-0020

NIVISION OF VITAL RECORDS, P.O. BOX 68760,

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spital or hed for u	
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may be r r, page 5	20 10
Page 6	101
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cuted will d comple unial, cre	חר פגבו
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certifical ding phy tygiene p	חנוופו
the death the atter Mental	njury, u
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s been sipt, of He	MOUSE C
N: The It	וובווו ל
THECTOR: After this certificate has been signed by the attending physician.  The property of t	ment so is marked, or nem so snows any mjury, or other naumant event, are medical cadminer must be nounced at unce.
R. After 1	18 111 01
HECTO R afte	07 188

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE	_	
	1. DECEDENT'S NAME (First, Middle, Last)		RO	CMn	\/	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	I A	BIRTNPLACE (State or Foreign
	220-22-1602	1 🗆 M 2 💢 F	78 yrs.	MONTHS DAYS	HOURS MIN.	Jan. Day 3 er)	1916	Maryland
œ	Sa. FACILITY NAME (If not institution, give str Church Home Hospi	· ·			ore City		9c. COUNTY	OF DEATN
[문	RESIDENCE OF DECEDENT	TG I		Bartin	020			
DIRECTOR	10a. STATE 10b. COUNTY		15.00	y, town or locat altimore				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g CITIZE	XX ves 2 no  N OE WHAT COUNTRY?  ed States
FUNERAL	123 South Robinso				21224			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2)(3(1)(2)	If yes, sp		NIC ORIGIN? (Specify Vin, Puerto Ricen, atc.)	is or No— 14	. RACE — American Indian, Black, White, etc.
D BY	3 🔀 Widowed 4 🗌 Divorced					y		Specify: White
сомр̂сетер	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION WORK done during more retired.)	ON st of working	16b. KIND OF B	JSINESS/INDUS	TRY
APLI	B (0-12)	College (1-4 or 5+)	Seamst	cress				40.00
	17. FATNER'S NAME (First, Middle, Last) Harry PicCord				18. MOTHER'S NA	ME (First, Middle, Maide ine Schult	n Sumame)	
BE			19h MAII ING	ADDRESS /Stmat a				Alia a I
2	19a. INFORMANT'S NAME (Type/Print) Wilma Mitchell		317°S	Highla	nd Ave.	Baltimore	e, Tid z	<b>T</b> 224
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE		me o/ 1 / 1		ocation — cm ltimore	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			-	-	r, Inc. F		
	· Chrahette	h Selen	v bi	700 S	& Zeile	r, Inc. Fi	nerai Balto.	, MD 21224
	23. PART I. Enter the diseases, or co	omplications that ceused	the deeth. Do r	not enter the mo	de of dying, suc	h ss cardiac or res	piratory arrest	t, Approximata
- 1	IMMEDIATE CAUSE (Final disease or condition		0		1-	,		Onset and Death
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF	monia	15eg	0515.		days.
Z	Sequentially list conditions,	Pu	CONSEQUENCE OF	4 144	re Nten	2613		
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7:1	U			
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
ERT	resulting in death) LAST	•						
AL C	PART II. Other algnificent conditions	contributing to death b	ut not resulting i	n the underlying	g cause given in			246.WERE AUTOPSY FINDINGS
MEDIC						1 TYES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	DID TOBACCO USE	CONTRIBUTE TO	CALISE O	F DEATH	YES I N			1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch			L
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 - Nursing Nom	e 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	IED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, s		YES 2 NO	28f. LOCATION (Street	and Number or	Rumi Boute Number
TED	4 Homicide 8 Could not be determined	building, etc. (Spec	offy)			City or Town, State		The result results,
COMPLET		IAN: To the best of my know						
CO	2 MEDICAL EXAMINER	: On the basis of examination	n and/or investigatio	n, in my opinion, d	eath occured at the	time, date and place, o	and due to the c	euse(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1-1	MA		D432		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE DF DE	ATH (ITEM 27) (Type,	Print)			- /	/( . 3
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	JAN 1 3 1995	32. REGISTRAR'S SIGN	ATURE			9		

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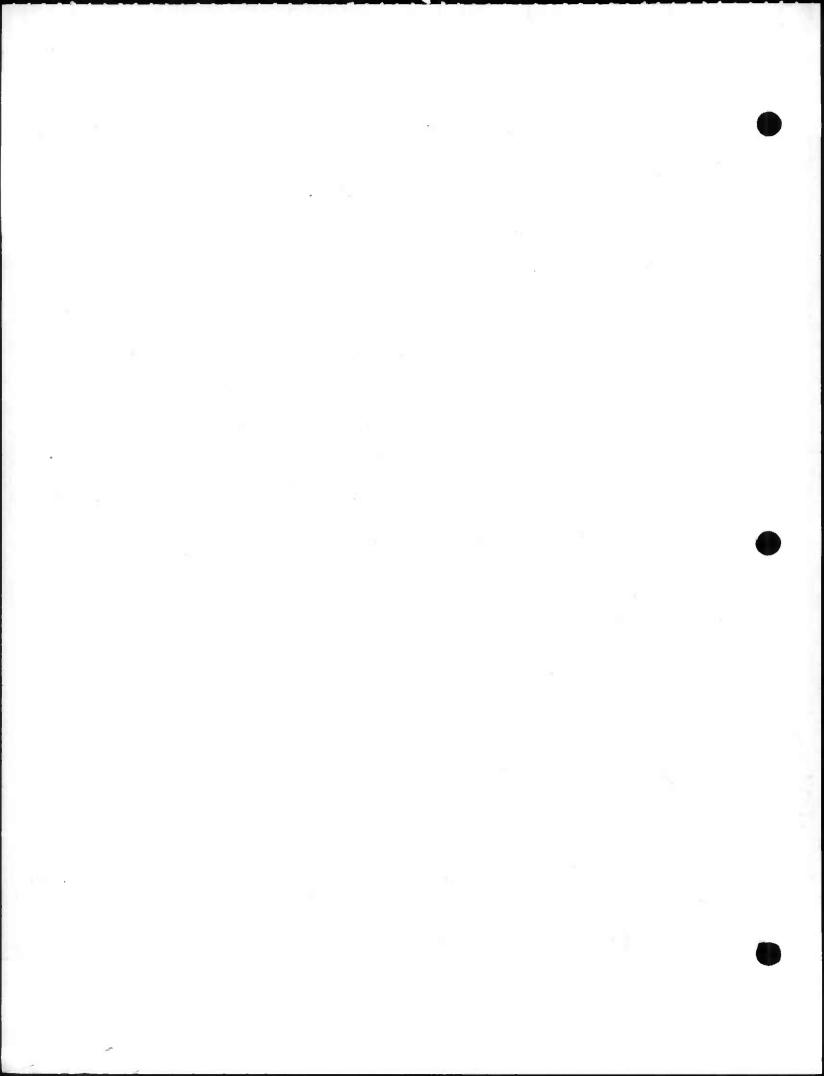
32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)
IAN 1 9 1995

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HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	He steer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Page		otified at once.
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leath.	funera	Let the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ented is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Virginia Grace Bransby 10:15 A. 1995 January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 🔀 F 215 24 1722 73 YAS. July 28,1921 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore ======= RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland **Baltimore** 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4214 Mariban Court 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO ti. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 ☐ YES 2 ☑ NO Specify: IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) House Keeper 8th Meridian Nursing Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Baker Margaret BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Groves Rt 2 Box 108 A-1 Paw Paw, West Virginia 25434 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Metro Crematory, Inc. 1/12 Baltimore, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. lecome 4001 Ritchie Hwy. mimmun Baltimore, Md. 23. PARY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) rhero 50 nui DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS Tension. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one EXAMINER? OTHER: 1 Inpetient 2 ER/Outpetient 3X DOA ome 5 Rasidenca 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY Natural 64 t YES 2 NO BY & Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29L SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED Month, Day Year BE 0 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr (coto)



BALTIMORE, MARYLAND 21215-0020	its after death. Page 6 may be retained by the hospital or attending physician.	The full cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	THE CHAIN THE IAW requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	DEFECTION AND This certificate has been signed by the attending physician and completely filled
6	11	E.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las		CERTIFI	CATE OF	DEATH	REG. NO.		3. TIME OF OEATH
	Esther G. E	Baublitz				January (	3, 1995	13: 25
	4. SOCIAL SECURITY NUMBER 213-58-0290	5. SEX   6. AGE	(In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 2 - 21 - 19 (	8. BIRTH Countr	PLACE (State or Form
	9a. FACILITY NAME (If not institution, give	street end number)			OR LOCATION OF DE	ATH	9c. COUNTY OF D	
TOR	Union Memor	ial Hospita	al	Balti	imore C	Lty		
DIRECTOR	10a. STATE 10b. COUN	ITY	10c. CITY	TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland				imore		10g. CITIZEN OF W	1XXYES 2   1
FUNERAL	2043 Drui	d Park Dri	ve		2121	1		SA
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 2 NO DATES	If yes, sp	CENDENT OF HISPAN Decify Cuben, Mexice 3 2 NO Specify		or No— 14. RACE Black Speci	-American India White, etc.
E C	15. OECEDENT'S Ed (Specify only highest gra	DUCATION de completed)	180. DECEDENT'S U	ork done during me		18b. KIND OF BUS	INESS/INDUSTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Registe		urse	Н	ospital	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Henry Albe	ert Graff				ME (First, Middle, Meiden S Moser He		-
2								21211
	20a METHOD OF DISPOSITION 4.3 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	L	b. PLACE AND DATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	Park	Cem.	1/14 Woo	eation—city of too	
	21. SIGNATURE OF PUNERAL SERVICE I	es a contu	<u> </u>	Bur	-	ss Funera Rd Balti		21211 Marvlar
	23. PART I. Enter the diseases, or shock, or heert fellure immediate Cause (Finel disease or condition resulting in death)	. List only one cause on e	d the desth. Do not beech line.  Y Fail A CONSEQUENCE OF	ot enter the mo	ode of dylng, auch	ss cerdlec or respir	ratory arrest,	Approxime Intervel Be Ones: and
ATION	Sequentially list conditions,	. CHF exac	A CONSEQUENCE OF					long to
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	cops en	vacerbat	نیمن				long Hi
CERTIFICATION	that initiated eventa resulting in deeth) LAST	d. Premon	A CONSEQUENCE OF	:				1 mo
MEDICAL C	Chronic ats	ons contributing to deeth to the full full public walkers are disclosed	(-	5 tensu		Part 1. 24s. WAS AN / PERFORI	MED?	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CO OF DEATH?
AN:	DID TOBACCO USE CON	TRIBUTE TO CAUSE C	OF DEATH YES	□ NO [	UNCERTAIN	10		10 100 100 11
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:				
PHYSICIAN	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	DURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
≥	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY	f — At home, farm, st	reet, factory, offic		261. LOCATION (Street or City or Town, State)	nd Number or Rural R	oute Number,
COMPLETED BY					1			

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
UMM, 201 F. Univ. Plant Baltiman

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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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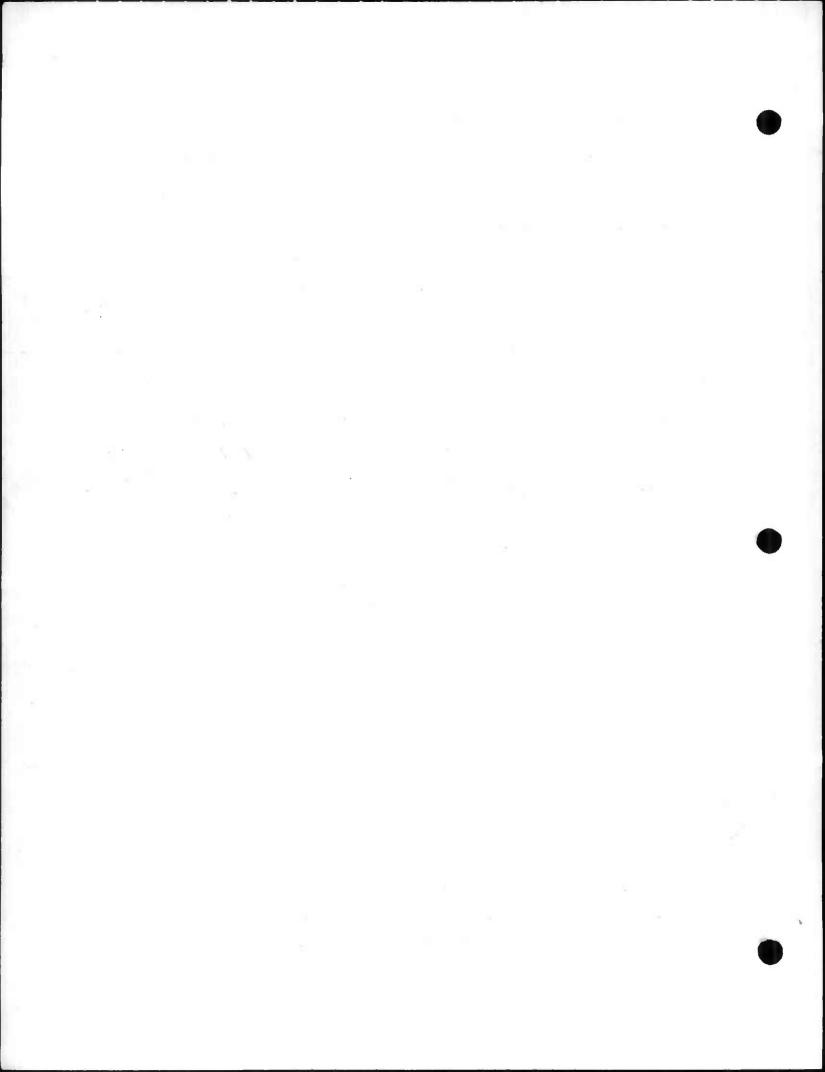
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNESH, RESERVED TO THE BLACK WITH THE STATE OF WITH THE STATE OF INCOME.

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narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) BEATRIX	VIRGIN		BAII		2. DATE OF DEATH	AV VE	an 7:50 P M
	085-10-3964	1□M2∏F 9	T M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 7, 1	0. 9	ORTHPLACE (State or Foreign Jounty) JEW YORK
ECTOR	98. FACILITY NAME (II not institution, give stre MANOR CARE TOWSON RESIDENCE OF DECEMENT	et and number)	9	TOWS	OR LOCATION OF D	EATH	9c. COUNTY BAI	OF DEATH TIMORE
DIR	10a. STATE 10b. COUNTY	TIMORE		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7 JACOBO LANE			101	21286		10g. CITIZEN	OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	5) XNO	If yes, spi	ENDENT OF HISPA relfy Cuban, Maxico 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, stc. Specify:
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	CTION ompleted) Cotlege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life, Do NOT use r	k done during mo.	DN st of working	16b. KIND OF BU	SINESS/INDUST	WHITE
COMPLET	1.2 17. FATHER'S NAME (First, Middle, Last)	3	INSTE	RUCTOR	18. MOTHER'S NA	MARYLAN ME (First, Middle, Maiden		OL FOR THE BLIVE
BEC	PAUL	GOLDB			MATHIL			-
5	19e. INFORMANT'S NAME (Type/Print) FIDELA C. SIMMONS					Acute Number, City or Tow, $MD \cdot 2120$		(*)
	20e. METHOD OF DISPOSITION  1	rel from State 20b.	PLACE AND DATE OF LEGISLATION OF SELECTION SEL	DISPOSITION (No.		DATE 20c. LO 1/12/95 TO	WSON, N	
	21. SIGNATURE OF FUNERAL SERVICE LICE	JOHN E.	DOLAN	RUCK		FUNERAL HOLAD TOWSON,		
	23. April I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	OHEART	CONSEQUENCE OF:			h as cardlec or reap		Approximate Interval Batween Onset and Daath
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N: M	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI	N 🗆		1 YES 2 NO
BY PHYSICIAN:		HOSPITAL:		THER:				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJI	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	0
-	1 Maturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	- At home, farm, stre	M 1 🗆 Y	ES 2 NO	281. LOCATION (Street a	and Number or Ri	ural Route Number.
ETE	4 Homicide datarmined	building, atc. (Specif	y)	_		City or Town, State)		
COMP		AN: To the beat of my knowle On the basis of examination						use(a) and manner as stated.
TO BE C	29b. SIGNATURE AND ME OF CERTIFIER	tamed si	0.		DOY	1927	29d. DATE SIG	NED (Month, Day, Year)
	DR. JAMSHID HAMED				ID.			
	JAN 1 3 1995	32. REGISTRAR'S SIGNA	TURE Vall					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FINERAL DIRECTOR After this perificate has been signed by the attending physician and completely filled in by the funeral disperse one 8, should be described for one or the business and a second by the attending physician.
be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

95 00586 Item16a 1-13-95 FilmG719 W.H.per F/H STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles A. Brazier 1995 5:30 PM To, January 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN 12/06/1910 1 🔀 M 2 🗌 F 213-07-2116 YRS. Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH OC COUNTY OF DEATH DIRECTOR Meridian Nursing Center Heritage Dundalk Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Rosedale 1 YES 2 XHO FUNERAL 100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1207 Krueger Avenue 21237 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 □ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) FORCES? LOCYES 2 1 Never Married 2 Married BY 1 TYES 2 7 NO Specify: 3√√ Widowed 4 ☐ Divorced W II White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Years Plumm Plumber Local 48 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surner Thomas J. Brazier BE Catherine Virginia Long 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Henry T. Brazier 2206 Cloverdale Drive Fallston, MD 21047 20a. METHOD OF DISPOSITION
1 Surisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Cardens of Faith Cem. 01/13/95 Baltimore, MD 21. SIGNATURE OF JUNEUAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between **IMMEDIATE CAUSE (Final Onset and Death** with disease or condition 06 70ngue arcimma/ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS obstructive AVAILABLE PRIOR TO Lune COMPLETION OF CAUSE 1 TES 2 THO Carrier docular Materiosci Mualgas 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 - YES 2 NO 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending investigation 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND VITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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umanan SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

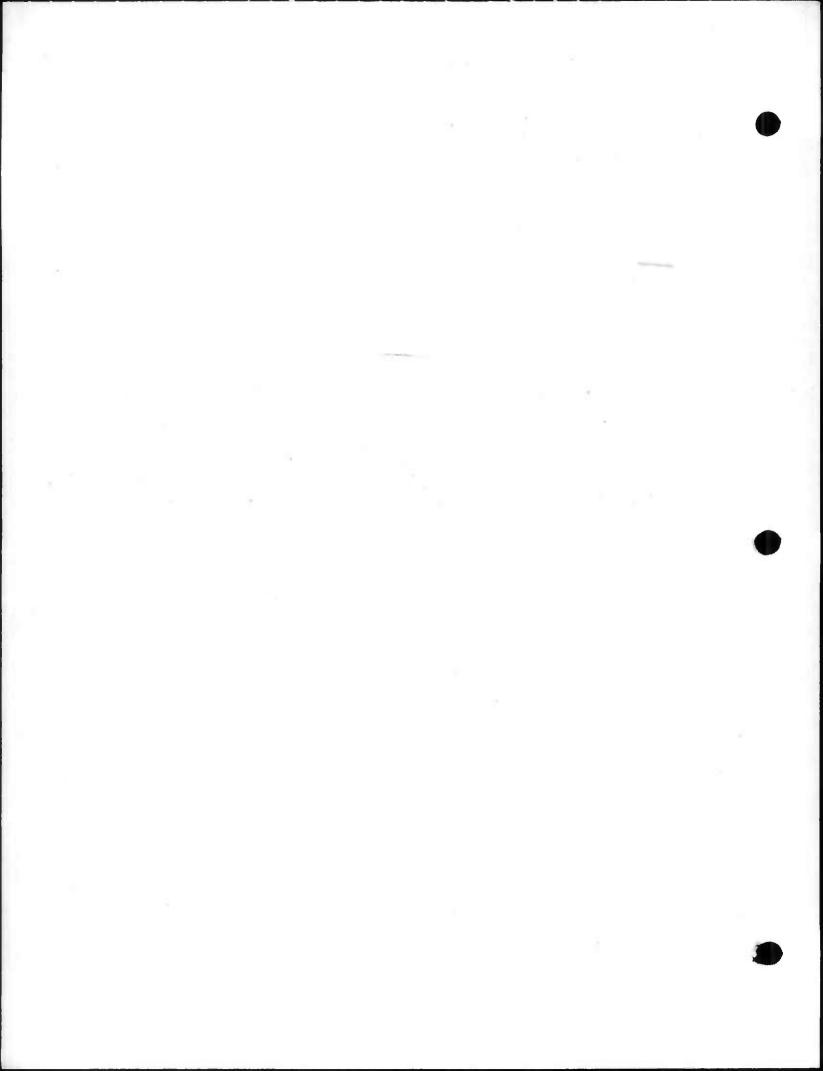
MD 2/237 HILADELDHIA BALTIMORE,

32. REGISTRAR'S SIGNATURE

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FOR STATE

BEGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN 12, 7:00 Rhoda Eloise Booth 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign JAN 4, 1899 DAYS HOURS MIN. 1 - M 2 XF 214-50-8770 YRS. New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 616 Oak Hill Road Catonsville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Catonsville 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 616 Oak Hill Road 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Married BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) 2 Homemaker Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surnal Edwin <u>Melbourne</u> Mary Ella Josephine Niles May 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) David E. Booth 11231 Greenspring Avenue Lutherville, MD 21093 pe 20a METHOD OF DISPOSITION
1 A Burlet 2 Cremetion 3 Removal from State
4 Donellon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must ed in by the funeral director, or removal. Longmeadow Cemetery 01/17 Longmeadow, MA 21. SIGNATURE OF EXPERAL SERVICE LICENSPE examiner 22. NAME AND ADDRESS OF FACILITY
MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road Balto., MD 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, nding physician and completely filled in by Hygiene prior to burial, cremation, or remo ahock, Dr haart failura. List Dnly Ona causa Dn aach lina Interval Between IMMEDIATE CAUSE (Final **Onaat and Desth** other traumatic event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF Slay CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t Health and 1 YES 2 NO OF DEATH? Shows in the State Dept. of Hi 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: t TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? this c 28d, DESCRIBE HOW INJURY OCCURED is marked. 1 Natural M 1 YES 2 NO Atter 1 death BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be DOMECTOR: COMPLETED 50 4 Homicide Hem 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Dani K No. D1987 01/12/95 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David R. Moseman, M.D. 5205 East Drive Arbutus, MD 21227 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JAN 1 3 1995 Shucker Ra

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	1 - STATE OF MARYLAND / DE REGISTRAR CER		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			2. OATE OF OEATH		3. TIME OF DEATH			
	James Francis Cammarat		MONTH D	AY 11 1	995 310AMM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birt	UNDER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIRTH	11 1	6. BIRTHPLACE (State or Foreign				
	219 18 8606 XX M 2 D F 69	YRS. MON	THS DAYS HOURS MIN.	Maryland					
~	9s. FACILITY NAME (if not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF	NTY OF OEATH					
Ö	Fallston General Hospital	L_	Fallston	Hafford					
S	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c.	o CITY TO	WAN OR LOCATION			10d. INSIDE CITY			
DIRECTOR	Maryland 10b. county Harford 16	E	dgewood		LIMITS? 1   YES 2   NO				
A	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	904 Apt. F Gedar Grest Gour	t	210	+0	USA				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		13. WAS DECENDENT OF HISE	PANIC ORIGIN? (Specify Yes	or No—	r No. 14. RACE — American Indian,			
В	1 Never Married 2 Married FORCES? 1 NO IF YES, GIVE WAR OR DATES		If yes, specify Cuban, Max 1 YES 2 NO Spe	icen, Puerto Rican, etc.) city:		14. RACE — American Indian, Black, White, atc. Specify: White			
G			AL OCCUPATION	166. KIND OF BU	SINESS/IND	DUSTRY			
COMPLETED	(Specify only highest grade completed) (Give k  Elementery Secondary (0-12) College (1-4 or 5+)	Trucking Co.							
COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maiden					
BE	Thomas Cammarata  190. INFORMANT'S NAME (Type/Print)  190. M			phine Ser					
5	Lorraine Gammarata 904	Apt.	RESS (Street and Number or Run F Cedar Cr	est Ct. Ed	n, State, Zip gewoo	od, MD 21040			
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Removal from Stata  4 Donation 6 Other (Specify)	DATE OF DIS	SPOSITION (Name of Memorial Gard	ens 1/13/95	CATION -	City or Town, State Ltimore Co., MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF						
	I am Jely zenoh	2	Bruzdzinski			-			
	23. PART i. Enter the diseases, or complications that ceused the death.	Do not o	1407 Easter	n Ave. Bal	timo	re MD 21221			
	ahock, or heert fellure. Liet only one cause on each line.	. Do not e	inter the mode of dying, s	ich as cardisc or respi	iratory en	rest, Approximate Interval Between			
	IMMEDIATE CAUSE (Final Onset and Death								
	resulting in desth) - a. CAMIDPULMONAU AUGST MUST								
	DUE TO (QR AS A CONSEQUENCE OF):								
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ERTIFICATION	if any, lesding to immediate cause. Enter UNDERLYING								
2	CAUSE (Disease or Injury C.								
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	4 Homicide datarmined City or Town, State)								
COMPLETED	29e. CERTIFIER TCERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time date and clace, and due to the council.								
ğ	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  One)    MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.								
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	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE				•				
	JAN 1 3 1995 Julia Dawdson Kardall								

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		1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	Colem	nan Ja					DATE OF DEATH DAY YEAR 3. TIME OF DEATH DAY YEAR (A 1995)			3. TIME OF DEATH	
plnods		257-22-4310  90. FACILITY NAME (If not institution, give	MONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF 1	0"3	E OF BHATH 1th, Day, Year) 1 - 08 - 1	. 7	N.	carolina				
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permit. Pages	DIRE	MD • 10b. COUNT	TY		10c. CITY,		ltimor	e				10d. INSIDE CITY LIMITS? I (L) YES 2 \( \) NO	
ist.	FUNERAL	67 Cattail Lar	ne			101	<sup>2</sup> 21040				U.S.	HAT COUNTRY?	
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al or atte	PLETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12) 3rd	JCATION e completed) College (1-4 or 5+)	(G	has kind of we	ISUAL OCCUPATION OF A CONTROL OCCUPATION OC	et of working	16	b. KINO OF BU	SINESS/INDU	STRY		
at of the	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Otis Johnson  190. INFORMANT'S NAME (Type/Print)	1	-				$lli\epsilon$	Math	is			
may be retained or, page 5 should st be notified	인	Linda Colema			171	8 Mead	nd Number or Rural OWWOOd	Ct.	Balt	o.,M	D. 2		
Page 6 ma, al director, p		20a. ME HOD OF DISPOSITION  1 Burlel 2 Disposition 3 Ren  4 Donalion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	Metro Crematory 01			ry 01/					).		
r death. e funerali. exami		Nouth Sector CFSP #281 E.L. Phillips F/H 1721-27 N Balto., MD									7 N., MD.	Monroe 21217	
withil. cours npletely filled in cremation, or re vent, the med		23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused Liet only one cause on e	ech iine				l. L		iratory arre	et,	Approximata interval Betwee Onast and Dea	
th certificate be execuending physician and I Hyglene prior to bur	ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. Survey Commun.  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									2 days		
ires that the d signed by the Health and Mei	MEDICAL C	PART II. Other significent condition Purpus Purpus	od mulm	trel	in	the underlying	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDING: WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
has b Dept.	AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										YES 2 NO	
- t as as 2	HYSICI	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Nursing Nome 5 Raeidence 6 Other (Specify)											
The state of	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1 YES 2 NO				28d. OEŞCRIBE HOW INJURY OCCUREO				
OR ATTENDING DIRECTOR: After hours after death	ETED	3 Suicide 8 Could not be detarmined 26s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, Stelle)								and Number o	r Rural Ro	ute Number,	
로 로 로 드	COMPL		ER: On the basis of examination									and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITLE OF CERTURE	1-				29c. LICENSE NU			29d. DATE	SIGNED (	Yonth, Day, Year)	
	ř	30. NAME AND ADDRESS OF PERSON WE S. HASWEL	C & N				IN M	9	2101	y			

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BALTIMORE, MARYLAND	HOSPTIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hos	Exercises and the first this certificate has been signed by the attending physician and complete. In by the funeral director, page 5 should be detached the state bept, of Health and Mental Hygiene prior to burial, creme.	TIME I men 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	EN	The attention of the conficure has been signed by the attending physician and complete. If how the	83
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	1 - STATE REGISTRAR	STATE OF MAR			ENT OF H ATE OF				GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	th Ch	rendi	Ne	th			2. DATE OF DE	DAY C	9半	3. TIME OF DEATH	
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 227-24-7860	5. SEX 6. 1	AGE (In yrs. leat bir	· ·	UNDER 1 YEAR OTHS DAYS	IF UNDER	MiH.	7. DATE OF BIII (Month, Day,	Year)	Counti	PLACE (State or Foreign ny) RGINIA	
	9a. FACILITY NAME (If not institution, give at ST. ELIZABETH'S N	9b.		TY, TOWN OR LOCATION OF DEATH ALTIMORE DEC.11,1917 VIRG					EATH			
	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY  MARYLAND	Oc. CITY, TO	OWN OR LOCAT		LE				10d. INSIDE CITY LIMITS? X 1 YES 2 NO			
	MARYLAND BALTIMORE C  100. STREET AND NUMBER  307 GLENRAE DRIVE										TIZEN OF WHAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced							, Puerto Rican,	ocify Yee or No— etc.)	Spec	E — American Indian, k, White, etc. ily: VHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  NURSING SCHOOL  College (1-4 or 5 +)  NURSE					CHIPATION 165 KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Lest) JESSEY ROBINETTE						18. MOTHER'S NAME (First, Middle, Melden Surname) BESSY LEWIS					
2	196. INFORMANT'S NAME (Type/Print)  MRS. HELEN C. CLAGG  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4 DUNGARRIE ROAD — CATONSVILLE, MD 21228											
	20s. METHOD OF DISPOSITION  1							20c. LOCATION — City or Town, State BALTIMORE				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL: HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD								MD 21229			
	23. PART   Enter the disease, or complications that caused the death. DD not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):							Approximate interval Between Onset and Death				
MION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.											
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not reculting in the underlying cause given in Part I.  4/o Carcina J breast   24th Part II.   24th Part III.   24							D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO											
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	27. MANNER OF DEATH  29a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  29a. DATE OF INJURY (Month, Day, Year)  1 YES 2 NO						OCCURED				
PLETED B	- Discourage					281. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI	ICIAN: To the best of my									e) end menner es stated.	

29c. LICENSE NUMBER

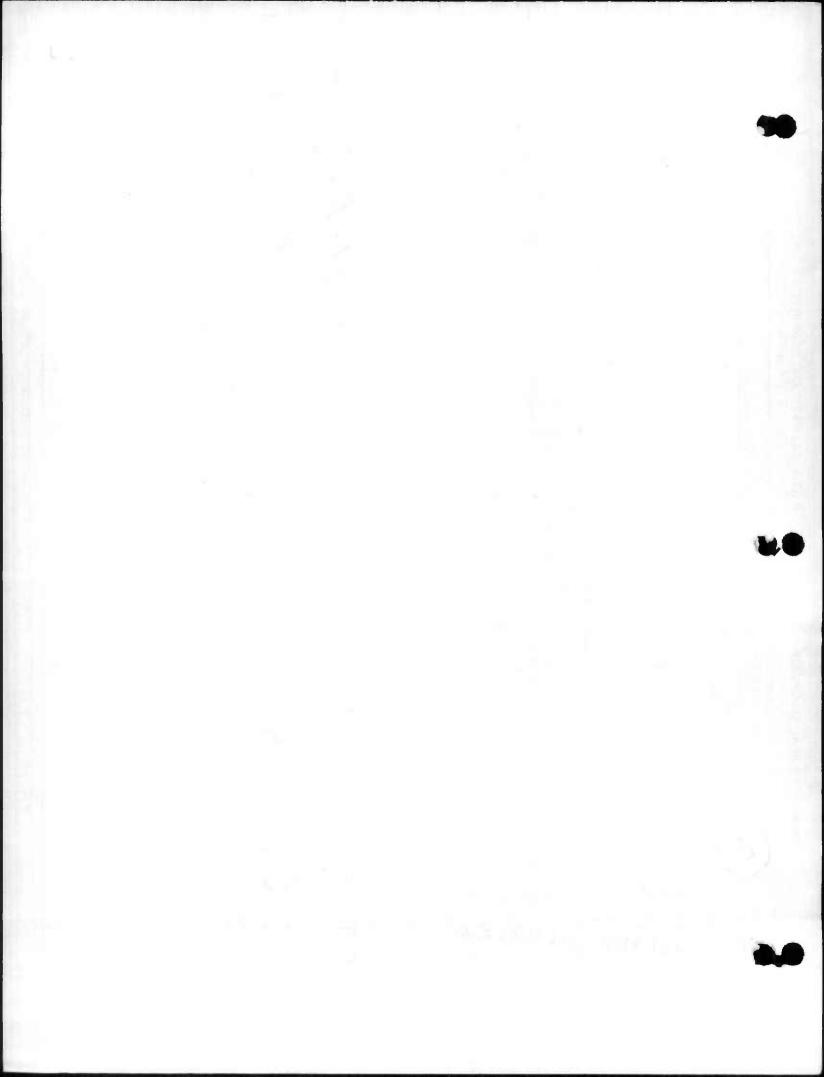
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296. SIONATURE AND TITLE OF CERTIFIER



BALTIMORE, MARYLAND 21215-0020

N OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Item # 1 Film # G 719 1-13-95 N.A.

Per funeral Home

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)  Derrick	Derek	L.	Cooley	2. DATE OF DEATH DAY	3. TIME OF DEATH			
P.		4. SOCIAL SECURITY NUMBER 214-64-8628	1) M 2 🗆 F	(In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 22 19	8. BIRTHPLACE (Statesfor Foreign Country)			
2, 3 should	ECTOR	9e. FACILITY NAME (If not institution, give s	or N. H.		Ba (4)	DEATH 9	c. COUNTY OF DEATH			
. Pages 1,	DIREC	100, STATE 10b. COUNT	Y	10c. CIT	TOWN OF LOCATION (+0		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
burial-transit permit.	FUNERAL	100. STREET AND NUMBER	Gilmore	st.	tor. ZIP PODE 2	17	og. CITIZEN OF WHAT COUNTRY			
age (	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA It yes, specify Caben, Mexic 1 YES 2 MO Speci	an, Puerto Rican, etc.)	No- 14. RACE - American Indian, Black, White, etc. Specify: Black			
thed for use as	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATION rork done during most of working e retired.)	Advan	ess/INDUSTRY			
5 should be detached notified at once.	SE COMPL	OSCOC (First, Middle, Last)	Cooley		18. MOTHER'S N.	AME (First, Middle, Maiden Sur + Pettic				
be notified	TO B	Jacque Ine	Cooley	196. MAILING	ADDRESS (Street and Number or Rugal  ATT Cm ATT	Route Number, City or Town, S	trate, Zip Code) 0, md 21229			
ector, p		Burlet 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State cen	flery cremetory of a	PK PAGE PK		dallstown, md			
the funeral dir val. I examiner		· Murol	1 30 for	nrp	March F. H	Wabash 1	Ave Baltond			
d completely filled in by the fuurial, cremation, or removal.  Ic event, the medical ex		IMMEDIATE CALICE (FIRST	List only one cause on e	ach iina.	ot enter the mode of dying, aud		interval Between			
ysician and comp prior to burial, cr traumatic eve	NO	Sequentielly list conditions,	b	CONSEQUENCE OF	y:	( '				
ending physician and c I Hygiene prior to buria or other traumatic	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):							
y the attending phy of Mental Hygiene injury, or other	빙	PART ii. Other eignificent condition	d.	urt not resulting i	the underlying cause diversity	Post I Tay Tuna vi vin				
has been signed by the Dept. of Health and 1 23 shows any in	ME					1 Pert i. 24e. WAS AN AUT PERFORME 1 YES 2 1	D? AMILABLE PRIOR TO COMPLETION OF CAUSE			
	PHYSICIAN:	DID TOBACCO USE CONT: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT		N 🗆 📗				
naried, or item		1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK?	6 Other (Specify)  26d. DESCRIBE HOW INJU	RY OCCUREO			
an as	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, term, a	M 1 YES 2 NO	261. LOCATION (Street and City or Town, Stete)	Number or Rural Route Number,			
M. Pours	COMPLET	one)			d at the time, date end place, end du		r as atated. ue to the ceuse(s) end menner es stated.			
TO THE PLANT De filed with	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	V Jhu	Jul	J290	MBER 25	od. DATE SIGNEO (Month, Day, Year)			
)		D KOL BONILANI	ND 8211	ATH (ITEM 27) (Type.	Print) tw 57 #305	RAYINA	Œ NO 2120/			
		31. DATE FILED (Month, Day, Year)  JAN 1 3 1996	37. REGISTRAR'S SIGN	Raylet						

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BALTIMORE, MARYLAND 2/21	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exchaurs after death. Page 6 may be retained by the hospital in	
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Structurit. Pages 1, 2, 3 should

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE O	F DEATH	F	REG. NO.	-					
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF	DEATH			3. TIME OF DEATH	4		
	IDA EVELYN CALSTEIN				JANUAF	RY 04		5	2:40	Рм		
		s. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF I	-	I a	BIRTHE	PLACE (State or Form	eign		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT					
DIRECTOR	Homewood Retirement Center Willaimsport Washington Co.											
<u> </u>	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
	Maryland Washington Co		Hagerstown							10		
NERA	19516 Longmeadow Road			of. ZIP CODE	21742	21742 10g. CITIZEN OF W			SA			
COMPLETED, BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)  □ YES 2 □ NO Specify:  Specify:					- American Indian , White, etc. y: White	n,			
Θ,	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a	DECEDENT'S L			16b. KIN	D OF BUS	INESS/INDUS	STRY	WHILEC	_		
APLET	Elementary/Secondary (0-12) Grammer  College (1-4 or 5 +)	life. Do NOT use	ork done during i retired.)	nost or working								
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middl	e, Maiden :	Sumame)					
BE	Joseph Goldman  19a. INFORMANT'S NAME (Type/Print)	10h MAII ING	ADDRESS (S-	Anna and Number or Rural		3h - T						
2	Dawn Nally			ns Road					13			
		CE AND DATE OF		Neme of	DATE	20c. LOC	CATION — CIF	y or Tow	wn, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Was	de,Dir	22. NAME	AND ADDRESS OF FA	cur6ta	te A	nato	my	Board	-		
	losept B. Van funt		655	W.Balti	more S	St,B	alto.	, MD	21201			
	23. PART I. Enter the diseases, or complications that caused the abock, or heart failure. List only one cause on each	deeth. Do no	ot enter the m	ode of dying, suc	ch aa cerdiec	or reapir	atory erree	ıt,	Approximation interval Better			
		1		. /			,		Onset and			
	disease or condition resulting in death)	1140	CAKO	(Arc/	UFAR	CTC	x-		Has	٠.		
_	Sequentially list conditions.	ANY A	noul	2 DICH	ACC				400	2 C		
CERTIFICATION	if any, leading to immediate	KSEQUENCE OF	ė.			7	par-		2	7)		
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that fall lated exacts	ES M	aut	us, 7	4DE	1			7041	2		
Ē	that initieted events resulting in deeth) LAST	HALMALHUL OF	+	,								
	DART II Other streiffeen and little and all the											
DICAL	PART II. Other significent conditions contributing to death but in		TRUC		Part I. 24s	PERFORI			WERE AUTOPSY FIN AMAILABLE PRIOR TO	0		
ш	(Cherson Humis Highe		1000	oct !	10	YES 2	NO		COMPLETION OF CA OF DEATH?	USE		
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D			T INCEPTAL					1 TYES 2 N	D		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. P	LACE OF DEATH			N L							
Sic	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Input lent 2 ER/Output land		OTHER:	me 5 🗆 Residence	8 (Cother (So	entha)						
žΙ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	IJURY AT			JURY OCCUP	RED				
BY F	1 Natural 5 Pending (Monin, Day, rear) 2 Accident Investigation	INJU		YES 2 NO								
111	3 Suicide 8 Could not be 28s. PLACE OF INJURY — A building, etc. (Specify)	t home, 1erm, st	reet, factory, off	Ice	28t. LOCATIO City or To	N (Street ar wn, State)	nd Number or	Rural Ac	oute Number,			
COMPLETED	4 Homicide datermined											
텔	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge											
ō l	2 MEDICAL EXAMINER: On the basis of axamination and	l/or investigation	, in my opinion,	death occured at the	lime, data and	place, and	I dua to the c	:ause(s)	and manner as sta	rted.		
H	29h. SIGNASTIRE AND TITLE OF CENTURES	D		29c. LICENSE NU	MBER		29d. DATE S	IGNED	(Menth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (		Print)	1 1)(	<i>)06</i> )		1	72	55			
	STEPHEN EMETICE, MI 31. DATE FILED (Month, Day, Year) 32. REGISTERS SIGNATUR	> -	747	VanTHen	N AVE	re f	TACK	-177	cur levi	7		
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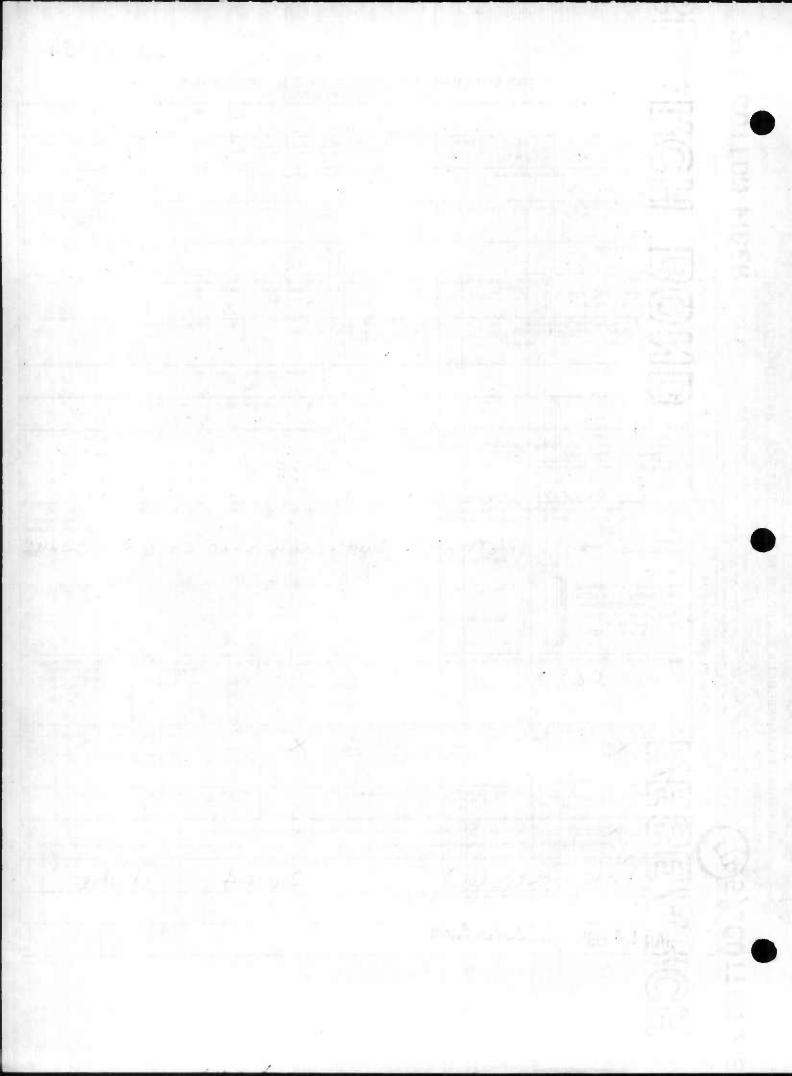
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYG REG.			
	- 8	1. DECEDENT'S NAME (First, Middle, Last) TOMMY CO	Ilins				2. DATE OF DEAT		YEAR 3. TIME OF DEATH	
pin	12 91	4. SOCIAL SECURITY NUMBER 7	1 💢 M 2 🗆 F	(In yrs. lest birthday) 33 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH	, 1961	Balto. Md.	
. 2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give sti St. Agnes Hospit				imore, Ma		9c. COUNT	Y OF DEATH	
t. Pages 1,	DIREC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR LO	cation imore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
n. Insit permit.	ERAL	100. STREET AND NUMBER 2138 Frederick	Ave.			101. ZIP CODE 21223			EN OF WHAT COUNTRY?  J.S.A.	
5-0020 nding physician. ss the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	II yes,	ECENDENT OF HISPA apacify Cuban, Mexic ES 2 NO Speci	an, Puerto Rican, etc	y Yes or No- 1	14. RACE — American Indian, Black, Whita, atc. Specify: Black	
2121 al or atte for use a	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT us	vork done during	most of working		istribet		
YLAND 2 by the hospital l be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Daniel Anderso	on	.OLS						
E, MAR be retained ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print)  Brenda Collins	5			erick Ave.				
e 6 m rector,		20e METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State Cerr	ATBULUS	Mem. P	ark Jan.	16,95	Balto.		
ALT death. e funera		* (author (	". Won	dan	Car	lton C. D	ob St B	alto Ma	7 21217	
ed with hours completely filled in the completely filled in the completely filled in the median or respect to the median control of the median control of the median control of the median control of the median control of the median control of the median control of the control	7	23. PART I. Enter the diseases, or conshock, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	CON 9 es fi				ch as csrdlec Dr n	espiretory street	Approximate Interval Between Onset and Death Succus  3 years	
th certificate be ending physician I Hygiene prior to other traur	CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	VING jury DUE TO (OR AS A CONSEQUENCE OF):							
aw requires that the s been signed by the ppt. of Health and M. 3 shows any Inju	MEDICAL	PART II. Other significant conditions  DID TOBACCO USE CONTR					PEF	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
VIIAL CIAN: The la printicate has the State Deg or Item 23	PHYSICIAN:		HOSPITAL: 1 Inpetient 2 ER/Outp	26. PLACE OF DEAT	OTHER:	ome 5 🗆 Realdenca	8 Other (Specify)			
ATTENDING PHYSICIAN: The COTOR: After this certificate h is after death with the State E 28 is marked, or item	ву Рн	27. Majuner OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HO			
ON ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	COMPLETED	3 Suicide 8 Could not be determined	building, atc. (Spec	elly)			City or Town, S	itate)	Rural Route Number,	
토토	COMP	one) 2 MEDICAL EXAMINER	IAN: To the best of my knowl						cause(a) and menner as stated.	
TO THE HOSPI TO THE FUNER be filed within	TO BE	295. SIGNATURE AND ATTLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	29c. LICENSE NUI	3	29d. DATE S	II SS	
10		KASZUBA ROBER  31. DATE FILED (Month, Day, Year)		C NEZ F		AL, BAL	TIMOLE,	, HD, 200	129	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1

	4. SOCIAL SECURITY NUMBER 4/5 44 0270	Earl E.  5. SEX 6. 1 № M 2 □ F	AGE (In yrs. last		NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	. 7. DATE	OF BIRTH		BIRTHPLACE (S
TOR	90. FACILITY NAME (If not institution, given 17603 Beaver 1	re street and number)	07	9b.	city, town	OR LOCATION OF		il 9, 1	9c. COUNTY	New Yor Y OF DEATH . Arunde
DIRECTOR	4				wn or Loca dena	TION		10d. INS LIN 1 🔲 YI		
FUNERAL	7603 Beaver Ro	pad			10	21122				S.A.
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	17. FATHER'S NAME (First, Middle, Last)	Earl E. (	Clarrio	dge Sr.			NAME (First,	Middle, Malden :		
TO BE	190. INFORMANT'S NAME (Type/Print)  June Clarridge		196		RESS (Street	and Number or Rur	Pasaa	ber, City or Town	n, State, Zip Co	nd 2112
	20e. METHOD OF DISPOSITION  1 □ Burlal 2 □ Cremation 3 □ Re  4 □ Donetion 5 ☒ Other (Specify) _ (	emovel from,State	20b. PLACE A	AND DATE OF DIS	SPOSITION (N		DAT	TE 20c, LOC	CATION - CIT	y or Town, State
	II 21. SIGNATURE OF JUNERAL SERVICE	LICENSEE			22: NAME A	ND ADPRESS OF	FACILITY I	' /	11	0 1
	23. PART I. Enter the diseases, of ahock, or heart failur IMMEDIATE CAUSE (Final	re. List only one cause	on each line.	ath. Do not e	nter the mo		uch ea cer	diac or reapi	retory arrea	in Oi
ERTIFICATION	23. PART I. Enter the diseasea, cahock, or heart failur	a. DUE TO (OI  b. DUE TO (OI  c.	on each line.	DUENCE OF):	nter the mo	Ritchie	uch ea cer	diac or reapi	retory arrea	in Oi
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

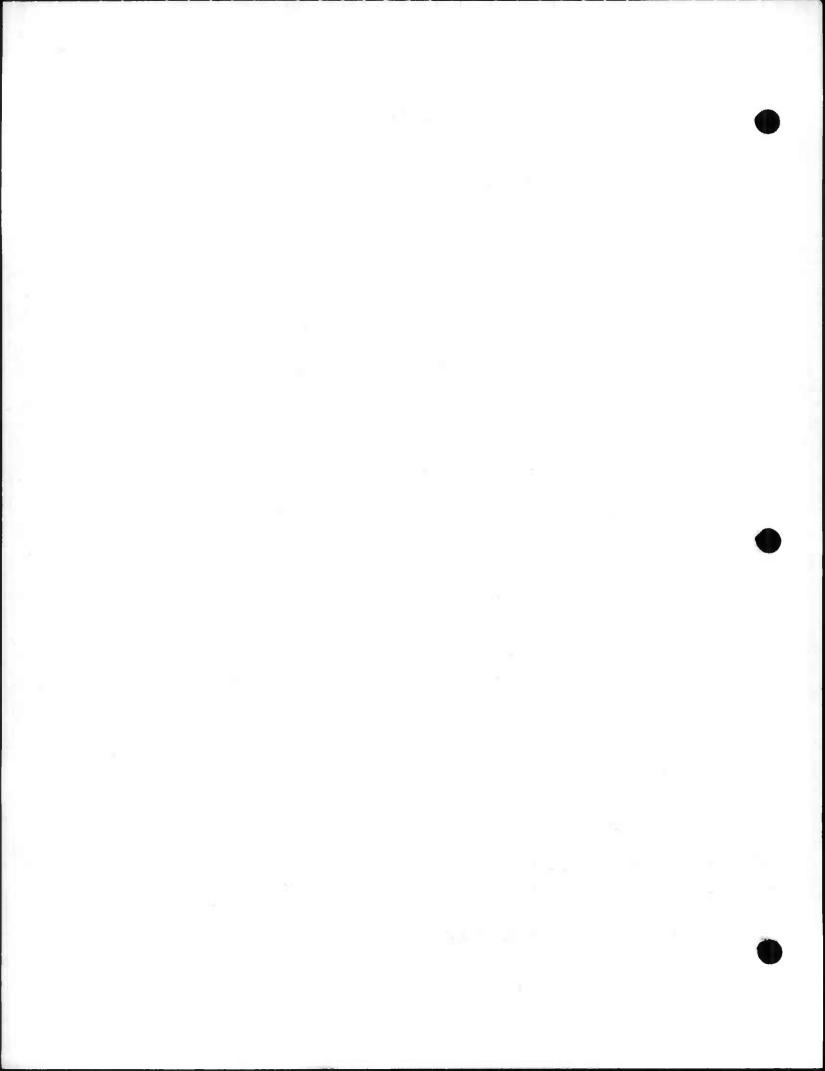


BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physici	charge director name & chould be detrobed for use as she build
BA	hours after de	lled in hy the f
T		Inh fi
DIVISION OF VITAL RECORDS, P.O. BOX 68760	of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	In CIOR. After this certificate has been signed by the attending physician and completely filled in by the tringest disease specificate has been signed by the attending physician and completely filled in by the tringest disease.

use as the burial-transit permit. Pages 1, 2, 3 should attending physician. THE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bosp than ATTENDING After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the property of the page 10 should be detached the page 10 should be detached the page 10 should be detached the page 10 should be property or removal.

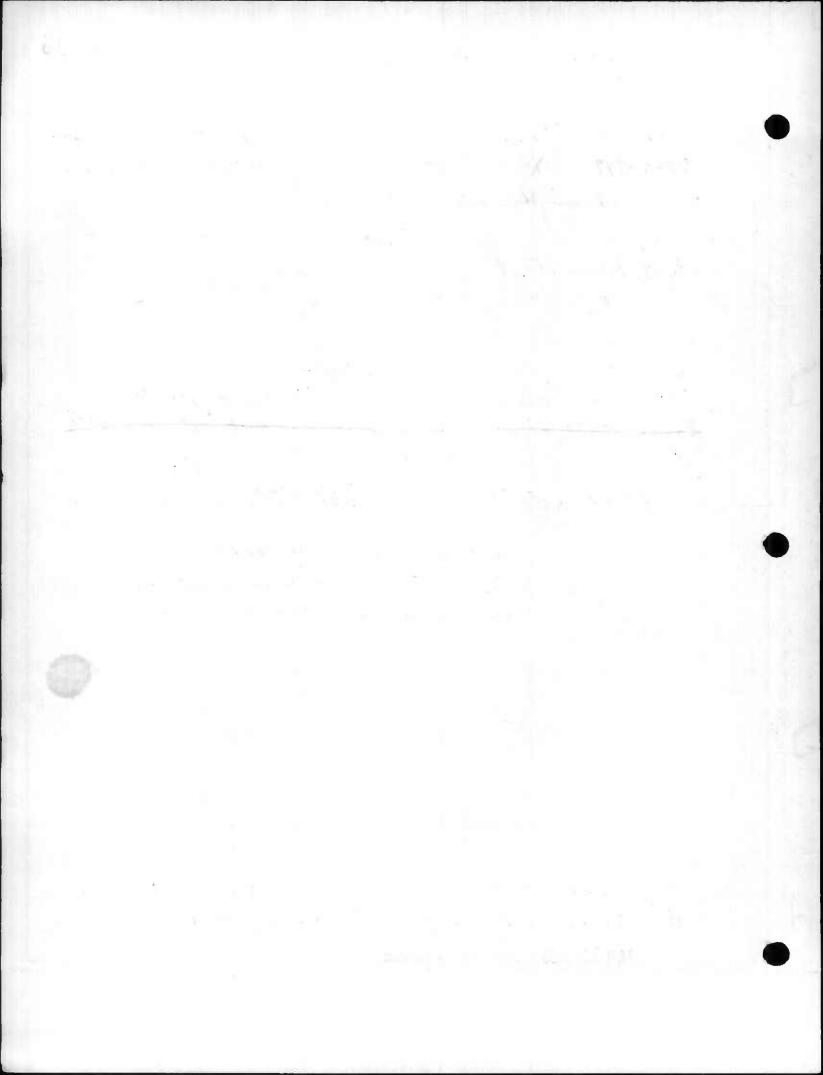
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)	Joseph L.	Cusick			2. DATE OF DEATH DO 1 - 10 - 19		3. TIME OF DEATN	
	217-16-0794	<b>№</b> M 2 🗆 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 8-18-19	8. BIRT Cour	NPLACE (State or Foreign try) aryland	
OR	9a. FACILITY NAME (If not institution, give street 2866 Mayfield	Avenue			imore		9c. COUNTY OF	DEATH	
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100 CITY	TOWN OR LOCAL					
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER		100. 0111,	Balt	imore			10d. INSIDE CITY LIMITS?  YES 2 NO	
RA		field Ave	nuo	101	. ZIP CODE	213		WHAT COUNTRY?	
JNE		WAS DECEDENT EVER IN	II S ADMED	13 WAS DEC		IIC ORIGIN? (Specify Yes			
BY FI	1 Never Married XX Married 3 Wildowed 4 Divorced 7	FORCES? XXYES	2 NO	If yes, sp	Specify	n, Puerto Ricen, etc.)		E — American Indian, ck, White, etc.  White	
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ATION 18a, DECEDENT'S USUAL OCCUPATION				16b, KIND OF BUS	INESS/INDUSTRY	WIIICE	
COMPLETED	Elementary/Secondary (0-12) C	College (1-4 or 5+)	IIIe. Do NOT use	clean		Const	ructio	n	
Š	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Meiden ith Willi	Surname)		
BE C	Joseph H. C	usick			Ed:	ith Willi	.e		
70	19a. INFORMANT'S NAME (Type/Print) Bonnie Cusick		196. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)	21213	
	20a. METNOD OF DISPOSITION	200	PLACE AND DATE OF						
	1 Donation 5 Stremation 3 Removal	from State come	etro Cr	r place)		1/11 Cat	consvil	le, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		11	22. NAME AN	D ADDRESS OF FAC				
	Sissey X	Lugen	la	Bur 363	gee-Hei	nss Funer s Road Ba	ral Hom alto.,M	e D 21211	
	23. PART I. Enter the dispesse, Dr com- shock, or heart fellure. List IMMEDIATE CAUSE (Fine) disesse or condition resulting in death)	plications that ceused only one vause on ea	ch line.			n as cardiac or reapi	ratory srreat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		/				
- 1	PART II. Other significant conditions co	ontributing to death bu			ceuse given in i			. WERE AUTOPSY FINGINGS	
음	CRUCIUOMA	of lung	chio	Mic	o bothy	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	lung disease					_		1 TYES 2 NO	
N N	DID TOBACCO USE CONTRIB				UNCERTAIN	10			
PHYSICIAN: MEDICAL		OSPITAL:		THER:					
HYS	27. MANNER OF DEATH	Inpetient 2 ER/Outpe	28b. TIME 0		5 DAnsidence	8 Other (Specify) 28d, DESCRIBE HOW IN	HIBY OCCUPED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO		244. DESCRIBE NOW IN	IJONY OCCONED		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSICIAN	and place, and due	to the cause(a) and man	ner as stated.					
298. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  (Check only one) 2								a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	del			29c. LICENSE NUM  DZO 6	- 0/	29d. DATE SIGNED	(Month, Day, Year)	
	Dr. Carl Friedm		rh (ITEM 27) (Type, Pr						
	31. DATE ELED (Month. Day, Year)	32. REGISTRAT'S SIGNA		3	bul				
	JAN I O 1995 AWAW	indian landell							



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

	1. DECEDENT'S NAME (First, Middle, Las	halaba	TP			2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9	BIRTHPLACE (State or Foreign
	218-10-1047	1 M 2 D F		IONTHS DAYS	HOURS MIN.	(Month, Day, Year)	-	Country)
OR	So. FACILITY NAME (I not institution, give Canaline, Gard Russ	- 510 000	then lead	Balta M	A LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE/OF DECEDENT  10a. STATE  10b. COUR	VTY	10c. C/TY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	100. STREET AND NUMBER	street	Con	101.	ZIP CODE		10g. CITIZE	1 FYES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		city Cuban, Maxica	NIC ORIGIN? (Specify Yon, Puarto Rican, etc.)	pa or No— 14	Black White, etc.
ETED	15. DECEDENT'S E (Specify opt filtnest on Elementary/Second 11-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos		16b. KIND OF B	USINESS/INDUS	TRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Robbe	co	mfagi	18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	7
TO BE	190 INFORMANT'S NAME ( BOS:	sie Sye	196. MAILING A	DORESS 21	138 Holl	ins Street	Balto	,Md, 21223
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Report Disposition 8 Other (Specify)	emoval from State	b. PLACE OF DISPOSITION Other place)			20c. L	OCATION — CH	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ID ADDRESS OF FA	chity	HAN	12/2/
IFICATION	resulting in death)	- Chron	A CONSEQUENCE OF) A CONSEQUENCE OF)	ial c	tisces	engt (En	d s/e	fes
RTIFICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Carolla DUE TO (OR AS	A CONSEQUENCE OF)	Car	ase	2	CHF	
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	A CONSEQUENCE OF)	Car		7	CHA	41 3 3 3 3
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	A CONSEQUENCE OF)	Car		Part I. 24s. WAS A	N AUTOPSY DRMED?	24b, WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	d. lons contributing to death in the second	A CONSEQUENCE OF)	the underlying		Part I. 24a. WAS A PERFO	N AUTOPSY DRMED?	24b, WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION DE CA
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	d.  HOSPITAL: 1   Inpettent 2   ER/Out	A CONSEQUENCE OF)  but not resulting in	26. PL OTHER:    Nursing Hom OF   28c, INJ	g cause given in  ACE OF DEATH (Ch	Part I. 24a. WAS A PERFC 1 YES  seck only one)  5 Other (Specify)	N AUTOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	HOSPITAL: 1   Inpetiant 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF) but not resulting in	28. PLOTHER:    OF   28c. INJI   Nursing Hom   OF   28c. INJI   Nursing Hom   1   1	ace of Death (Ch a 5 - Residence URY AT RK?	Part I. 24a. WAS A PERFO 1 YES  seck only one)  8 Other (Specify)  2-d. DESCRIBE HOW	N AUTOPSY DRIMED? 2 NO	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DE CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	HOSPITAL:  1   Inpetiant 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Spe	A CONSEQUENCE OF) but not resulting in spetient 3 DOA 28b. TIME INJU Y — At home, farm, st	28. PLOTHER:    OF   28c. INJI   Nursing Hom   OF   28c. INJI   Nursing Hom   1   1	ace of Death (Ch a 5 - Residence URY AT RK?	Part I. 24a. WAS A PERFC 1 YES  seck only one)  5 Other (Specify)	N AUTOPSY DRMED? 2 NO INJURY OCCUPATE AND NUMBER OF THE PROPERTY OF THE PROPER	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DE CA OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	HOSPITAL:  1   Inpetiant 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Spe	Dut not resulting in petient 3 DOA 28b. TIME INJU	26. PL OTHER:  \[ \text{\tint{\text{\tint{\text{\tin\text{\texi{\text{\texi\tin\text{\text{\text{\texict{\text{\text{\text{\texi}\texi{\text{\texit{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\t	ACE OF DEATH (Ch a 5   Residence URY AT RK7 (ES 2   NO	Part I. 24a. WAS A PERFC 1 YES  seck only one) 8 Other (Specify) 2ud. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State)	N AUTOPSY PRIMED? 2 NO INJURY OCCUP t and Number or	24b, WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO RED
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the condition of the conditio	HOSPITAL:  1   Inpettant 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	petiant 3 DOA  28b. TIME INJU  Y — At home, farm, shocity)  wiedge, death occurred on and/or investigation	26. PL OTHER: I Nursing Hom OF 28c. INJ WY W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Ch a 5   Residence URY AT RK7 (ES 2   NO	Part I. 24a. WAS A PERFO 1   YES 1   YES 2   Y	N AUTOPSY DRMED? 2 NO INJURY OCCUR t and Number or so	24b, WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1  YES 2 NO RED
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are conditionally as a conditional	HOSPITAL:  1   Inpettant 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	Dut not resulting in petient 3 DOA 28b. TIME INJU	26. PL OTHER:    Nursing Hom OF RY M 1 1 1	ACE OF DEATH (Ch a 5   Residence UNY AT RK? (ES 2   NO and place, and due eath occured at the	Part I. 24a. WAS A PERFO 1   YES 1   YES 2   Y	N AUTOPSY DRMED? 2 NO INJURY OCCUPATE AND AUTOPS OF THE STATE  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 Ni  RED  Rural Route Number,  cause(a) and manner as eta	



Item# 1. G-film 719 per F.H 1/13/95 P.C

		STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last THOMAS	Francis			ICATI				2. DATE	REG. NO OF DEATH Jan 12	-	YEAR 3	TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 212-38-0487	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH 1, Day, Year) 25, 19		Country)	ACE (State or Foreign
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give Saint Joseph Med				9b. CITY	Town		ON OF DE	ATH		9c. COUN	TY OF DEA	тн
Pages 1,	111	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	ТҮ		10c. CITY, TOWN OR LOCATION							10	Dd. INSIDE CITY	
	DIRI	Maryland			Baltimore					9		1	X YES 2 NO	
n. Insit permit.	FUNERAL	105 N. Carey	Street		101. ZIP CODE 212.					23 10g. CITIZEN C			USA	AT COUNTRY?
or attending physician.	COMPLETED BY FUN	11. MARITAL STATUS  1	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XN			WAS DECI I1 yes, spe 1 _ YES	city Cube	n, Maxica	n, Puerlo I	? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
attendinuse as th		15. DECEDENT'S ED		16e. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b	KIND OF BUS	SINESS/INDI	JSTRY	White
S S S S S S S S S S S S S S S S S S S		(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	work done se retired.)					Grap	hic	Arts	
S 26 6		17. FATHER'S NAME (First, Middle, Last)	Andmore	Ciaaf	c						Aiddle, Meiden	Surneme)		
E ER	BE	19e. INFORMANT'S NAME (Type/Print)	Andrew			ADDRES	S (Street e				Nor City or Tow			rini
be re	5	Anthony G. Cic	offi	8:	22 1	Eves	ham	Ave	enue	Ba	lto.,	MD	2121	2
n ~ a m		20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE A cemetery, cren	netory or o	ther place!				DAT		CATION — C		
Page I dire		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSED ///	Metro	CI		NAME AN				3   B	alti	more	, MD
4 9 2 ×		Coorgo	George E. MacNabb Cremation Society of Md., Inc. 299 Frederick Road Balto., MD 21228											
after after mova the cai		23. PART I. Enter the diseases, Dr	complicatione that co	eused the dea	ith. Do	not enter	the mod	de of dy	ing, auci	CK I	KOAU	ratory arm	oat,	Approximate
filled in on, or		shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. MULTIPLE ORGAN SYSTEM FAILURE  2 WKS.												
rted with completely ial, cremati,		resulting in death)  a. MULTIPLE ORGAN STSTEM FAILURE  DUE TO (OR AS A CONSEQUENCE OF):												
be execucian and for to bur aumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  b. CANCER RIGHT KIDNEY  DUE TO (OR AS A CONSEQUENCE OF):  c.									+2 MO			
death certificate attending physiental Hygiene pri	CERTIFI	that initiated evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.												
2 5 5 5	CAL	PART II. Other algnificant condition	ns contributing to de	eth but not re	suiting	in the u	deriying	ceuse	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
) = 8 = 6	EDIC										1 TYES 2		0	OMPLETION OF CAUSE F DEATH?
v requires the been signed to death the shows an	Σ									-			1	☐ YES 2 NO
AN: The law incate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	шоопити					ACE OF D	EATH (Che	ock only on	e)			
SICIAN: The lacerificate has the State Deg	YSI	1 TYES 2 NO	HOSPITAL:					5 🗆 Re	sidence	6 🗆 Othe	(Specify)			
The this	ву Рну	27. MANNER OF DEATH  Natural 5 Pending  Accident Investigation	28e. DATE OF INJ (Month, Day,	JURY Year)	26b. TIN	JURY M	28c. INJU WOI 1  Y		□ NO	28d. DES	CRIBE HOW I	NJURY OCC	URED	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF IN building, etc.	NJURY — At hor (Specify)	ne, farm,	street, fac	lory, office			28f. LOC. Gify	ATtON (Street a or Town, Stete)	and Number	or Rural Rou	te Number,
SPITAL OR A NERAL DIREC Ibin 72 hours NT. It item	COMPL		SICIAN: To the best of my IER: On the bests of exam											nd menner as stated.
TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 NO THE FUNERAL DE THE POPULARY, IT IN	BE	29b. SIGNATURE AND TITLE OF CERTIFI	( It the	20	11	-2.			710	IBER		29d. DATE	SIGNED (M	Ionth, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	YORK F	27) (Type	D TO	wso			ND 2	1204			
		JAN 13 1995	37 REGISTRAN'S	O'GNATURE O'GALL		· Pr								
,														DHMH-16 Rev 1/89

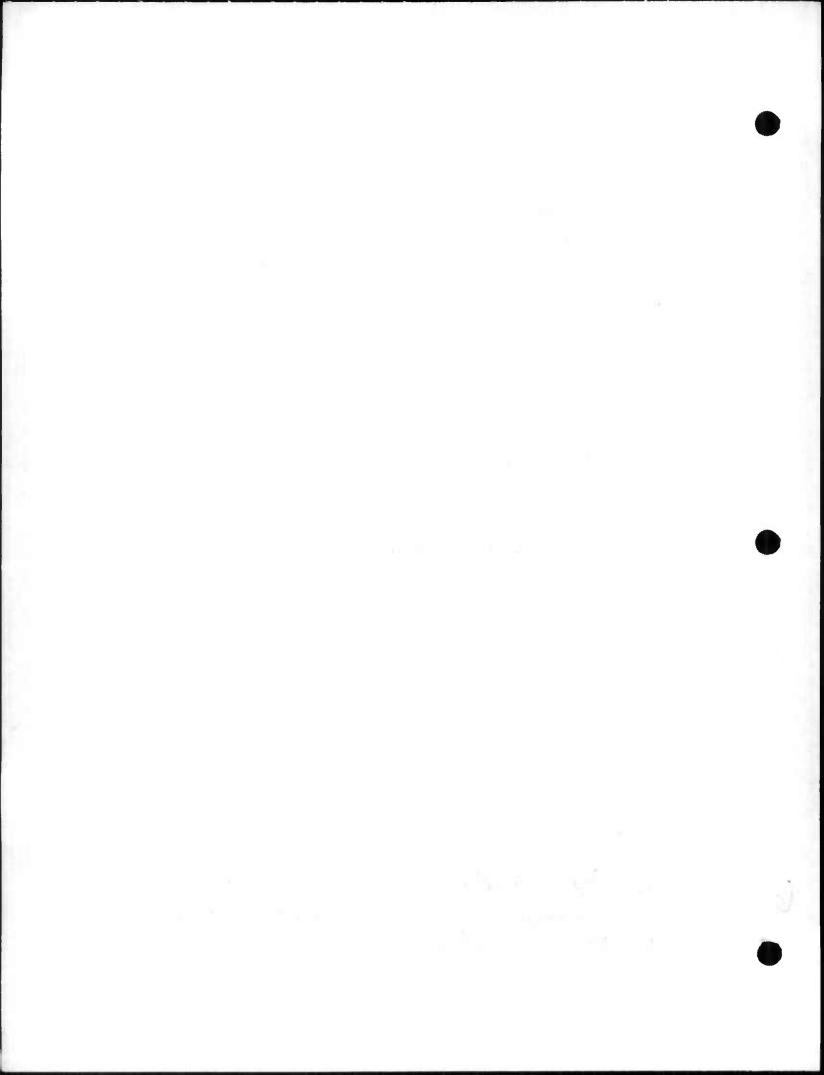
BALTIMORE, MARYLAND 21215-0020	c hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG	NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				*	2. DATE OF DEA	TH	3. TIME OF DEATH					
	Merel S. Chane	y Sr.				Jan.10	199	5 6.45 am M					
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT	H	6. 45am M					
	216-22-3517	1 X M 2 🗆 F	67 YRS.	1927	Maryland								
	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF	DEATH		NTY OF DEATH					
5	2471 Davidsonv	ille Road		Gambr	ills		Ann	Anne Arundel					
	REBIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
DIRECTOR		Arundel	Ga	mbrill	S			10d. INSIDE CITY LIMITS?					
	10e, STREET AND NUMBER				IOF, ZIP CODE		least and	1- YES 2 □ NO					
FUNERAL	2471 Davidsonv	illo Boad			21054	ı	10g. CITI	ZEN OF WHAT COUNTRY?					
١×	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	42 100 0				USA					
	1 Never Married 2 Married	FORCES? 1 YES	3 2 NO	If yes,	specify Cuban, Maxic	NIC ORIGIN? (Special, Puerto Rican, etc.)	ty Yes or No—	14. RACE — American Indian, Black, White, atc.					
BY	3 Widowed 4 Divorced	" TES, GIVE MAN ON	DATES	1 1	ES 2 NO Spec	rry:		Specify: White					
<u>C</u>	15, DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPA	FION	16b. KIND O	F BUSINESS/IND	USTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	work done during ise retired.)									
<u>a</u>	12		Deputy	Sheri	ff	I	ae En	forcement					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mi							
BE	Raymond B. Char	ney				Stocke							
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City o							
-	Winnifred Duke	Chaney	2471	Davids	onville	Road,	Gambr:	ills, MD					
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☆ Cremetion 3 ☐ Ram	oval from State Co	b. PLACE AND DATE	OF DISPOSITION (	Name of	1	LOCATION	City or Town, State					
1	4 Donation 5 Other (Specify) Metro Crematory 1/11 Baltimore, MD												
113	21. SIGNATURE OF FUNERAL SERVICE UCENSEE  22. NAME AND ADDRESS OF FACILITY  Hardesty Funeral Home, P.A												
	Valuel y	Undel be						lis, MD 21401					
	23. PART t. Enter the diseases, or o	complications that cous	ed the death. Do	not enter the n	node of dying, au	ch ea cerdlec or i	eepiratory am	eat, Approximate					
1	ahock, or heart failure.  IMMEDIATE CAUSE (Fine)	List only one ceuse on	each line.				INC. TO THE ARCH	interval Between Onset and Death					
		CNS 6	month					Onset and Death					
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):									
z								į l					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
쁜	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):									
H	Tooling in death) CAST	d											
	PART ii. Other algnificent condition	a contributing to deeth	but not resulting	in the underlyi	ng couse given in	Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
EDICAL				•		PEI	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
						1 □ YE	S 2 NO	DF DEATH?					
Σ.	DID TOBACCO USE CONTI	RIBLITE TO CAUSE (	DE DEATH VI	S I NO I	7 LINICEDTAL	N D		1 TYES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	MIDDIE TO CAUSE (	26. PLACE OF DEA										
S	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	tostlent 3 [] DOA	OTHER:	-	6 Other (Specify)							
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM	E OF 28c. II	IJURY AT	26d. DESCRIBE H		URED					
	1 Natural 5 Pending	(Month, Day, Year)	IN.	IURY V	YES 2 NO	200. DEGOTTEDE III	on moon occ	ONED					
D BY	2 Accident investigation 3 Suicide s Could not be	28s. PLACE OF INJUR	Y — Al home, ferm,			28f. LOCATION (Sr	met and Number	or Rural Route Number,					
ш	4 Homicide determined	building, atc. (Spi	ecity)			City or Town, S	itate)	or rusus recite recircus,					
E	29a. CERTIFIER	COMMUNICATION OF THE PARTY OF T			- 1								
COMPL		CIAN: To the best of my known of the basis of examination						id, cause(a) and manner as stated.					
			on anada misatigatio	ni, ni my opinion,			s, and dus to the	cause(a) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	12 1	. 1		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Yber)					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATH ATEM 27 AT	Orine)	10 3/	60-		1/10/95 NH21114					
100	George CAVUM		earn (item 21) (lype	11.25	Const	RIJ	Carl	01/21114					
1 1		77		1622	COSTON	2774	CARATON	IN SINT					
1	31. DATE FILED (Mogel, Day, Year)	32 REGISTRAN'S SIGN	NATURE										



DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR
1. DECEDENT'S NAI
4. SOCIAL SECURIT
90. FACILITY NAME St. Jo
MONTE O
Maryland 100. STREET AND N
11. MARITAL STATUS
3 Widowed 4

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

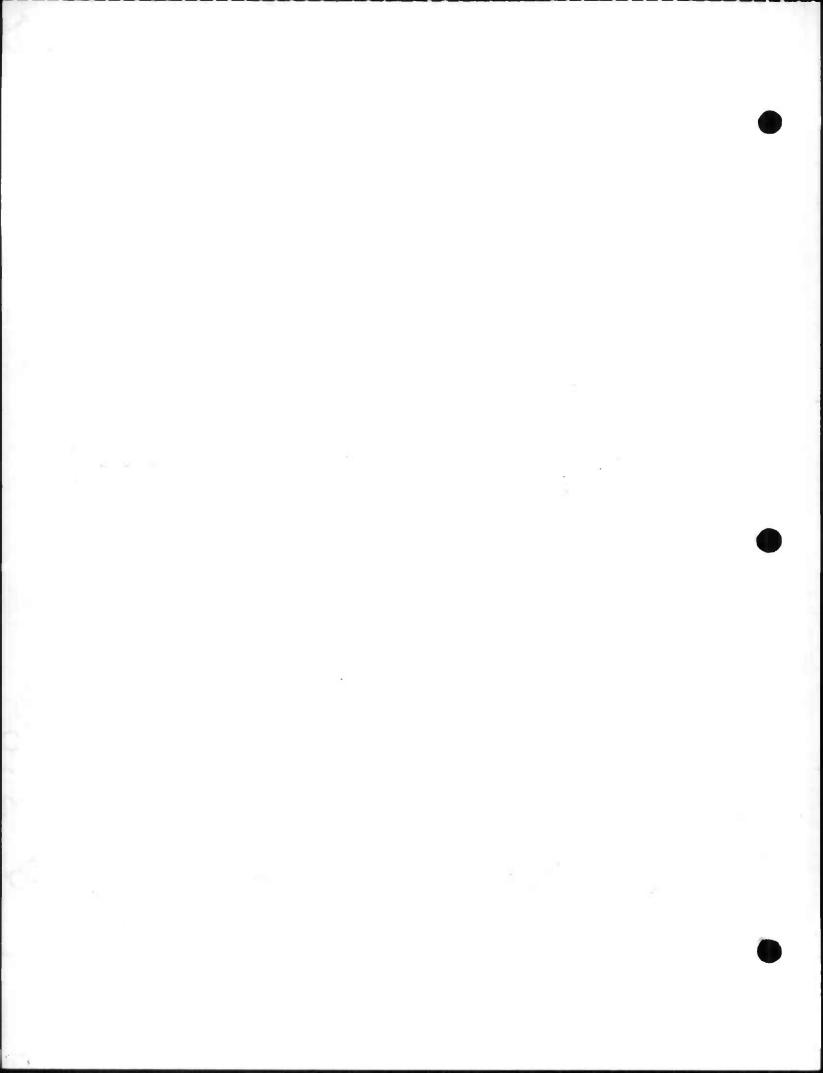
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
			les Hurl	ev Cox.	Sr.					MONTH	DAY		YEAR	0 00
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.						Jan.	10	<u>, l</u>	995	8:00 a M
	215-22-10		1 XM 2   F	84	YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF BI (Month, Day,	Ybar)		Country	
				07	tna.								Maryland	
~	9a. FACILITY NAME (If not in					9b. CITY		OR LOCATI	ON OF DE	ATH	- 1		NTY OF DE	
DIRECTOR	St. Josep			TO	wson				1	Balti	more			
ပ္ပ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY					Y, TOWN	001004	TION						
E	Maryland				100.011	1, 101111		Balti	more	<b>5</b>			-	tod. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER													1 X YES 2 NO
RA	6303 Bello			10	1. ZIP COD	2121	10g. CITIZEN OF U							
BY FUNERAL	11. MARITAL STATUS	na Ave												
3	1 Never Married 2 3	Married		YES 2	2 NO If yes, specify Cuban, Mex					ANIC ORIGIN? (Specify Yea or No.— 14. RAG				- American Indian, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	Λ.		1 TYES	2 XNO	Specify				Specif	
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIND	OF BUCK	NEGO (INI		White
	(Specify online Elementary/Secondary (Control of the Control of th	y highest grade	completed) College (1-4 or 5 -		(Give kind of life. Do NOT us	work done	during mo	ost of working	ng	100. KIND	01 0031	1463371146	JUST 111	
2	Committee y/ Secondary (C	-12)	5+		Lawyer					Pri	vate	Pra	actic	ρ
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lasi)						18. MOT	HER'S NAI	ME (First, Middle,			COLC	
	Edwa	rd Gre	gory Cox	Sr.				1775-276		Teres		,	-let	
10 INFORMANT'S NAME (Kong (Print)														
Charles Hurley Cox, Jr. 724 Silver Creek Rd. Baltimore, MD 21208											8			
1	20a. METHOD OF DISPOSIT	ION		20b. PLAC	EANDDATE	OF DISPOS	SITION /No	me of		-			City or Tov	
	1 Donation 5 Other	(Specify)		Metro	o Crem	ther place)	ry,	Inc.	01/	/12/95	Ва	ltin	nore,	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald Cremation Society of Maryland, Inc.													Tmo	
	299 Frederick Rd. Baltimore, MD 21228													
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest													
	enock, or heart fellure. Liet only one cause on each line.													Interval Between
	immediate Cause (Final disease or condition resulting in death)  • Myocardial Thfurction  Due to (or as a consequence of):  Arterioscleratio Cardia vascular Dicease  Due to (or as a consequence of):  Due to (or as a consequence of):												Onset and Death	
i	reaulting in death)		DUE TO	OCO T	COUFNEE OF	Diagram	- 1	Jar	011	ON				
_			Art	en'ar	1/2.	ti	. 0	2.1	JX	0.50 /1	1,	D	cell	20
RTIFICATION	Sequentieily list conditi		DUE TO	OR AS A CONS	SEOUENCE OF	F):		1100	V	23000	inv	VI	(000	34
3	cause. Enter UNDERLY	NG	<b>C</b> .											!
	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONS	SEOUENCE OF	F):								
	resulting in deeth) LAS	T (	d											
3	PART II. Other significe	nt condition	e contributing to	death but no	t requiting	n the	nd a duday		him to	Dark I Day			1	
EDICAL	High	13/2		//		-0		l Co	ven in :	PBIT 1. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ה ה		1,10	00	11800	way	Lon	YYZ	119	-0.1	7000	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ		Class		word	Moor				- 0	Tarang				1 TYES 2 NO
PHYSICIAN:	DID TOBACCO U 25. WAS CASE REFERRED TO		CIBUIE IO CA		ATH YE			UNC	ERTAIN	100				
<u> </u>	EXAMINER?	DIMEDICAL	HOSPITAL:			OTHE	R:							
<u>\$</u>	1 YES 2 NO		28a. DATE OF		3 LI DOA		28c. INJ		sidence	6 Other (Spec				
	Watural 5	Pending	(Month, D			URY	WO	RK?	T NO	26d. DESCRIBE	: HOW IN	JUHY OC	CURED	
à l	n Colores	Investigation	28e, PLACE O	F INJURY — AI	home, farm	treet fact			, NO	26f. LOCATION	(Stonet no.	d Number	or Own C	usto Alisantina
		Could not be determined	building,	atc. (Specify)			tory, orne			City or Tow		u mumber	or nurai no	uta Number,
MPLE	29a. CERTIFIER	TEVING BUVE	MAN. To the house of											
N N	(Check only		CIAN: To the best of R: On the basis of a											and manner as stated.
9	29b. SIGNATURE AND TITLE			1	//	, mry C	vprintini, O							
Ē	290. SIGNATURE AND TITLE	OFFICERIFIER	P (0)	1/1/1	N	mi	0	29c. LICE	NSE NUM	d 2V				Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CALL	E OF DEATH #7	115	1/1		1	46	TIO		Ja	nuar	y 10, 1995
	FIRM	P	C, AL	OPHO	277	rnm)	1	2.	Α.,	R.	14.	m	110	1201
	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIGNATURE	0 41	4	ndt	in .	1 V VA	2 120	110	) /'	0 2	-1201
	4 0	95 A	hi Davoles	xhadall	,									
	0/11/1 - 10													

BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE TOWNER, IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE PLINE MAIN FOTOR: After this certificate has been signed by the attending physician and completely	be the description after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF GEATH			3. TIME OF DEATH
	,	Jame	es N. Cle	ement						Jan. 1	DAY	995	5:00 a M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	122-30-12	279	1 □XM 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.14,	1911	Count	Panama
	90. FACILITY NAME (# not is	nstitution, give s	treet end number)	I		9b. CIT	Y, TOWN	OR LOCATI	ION OF DE		_	UNTY OF D	
DIRECTOR	4424 Reis		Baltimore										
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
PIB	Maryland		.,		Balt:	imore	e			LIMITS?			
FUNERAL	100. STREET AND NUMBER 4424 Reist			10	H. ZIP COD	212	15	10g. Cl		WHAT COUNTRY?			
Ž	11. MARITAL STATUS	RMED	13.	WAS OF	CENDENT (		NIC ORIGIN? (Specify Y	es or No	_	- American Indian.			
BY F	1 Never Merried 2 3 Widowed 4 T-Divo		FORCES?	MAR OR DATES A	NO		It yes, s		nn, Mexice	n, Puerto Ricen, etc.)		Spec	k, White, atc.
	15. DEC	EDENT'S EDUC	CATION	16e. D	ECEDENT'S	USUAL O	CCUPATI	ION		16b. KIND OF B	LISINESS/IN	IDUSTRY	Black
	(Specify on Elementary/Secondary (I	y highest grade	completed) College (1-4 or 5	(0	Give kind of use. Do NOT us	work done	during m	ost of world	ng	Tool railed of B	00111200711	DOGINI	
COMPLETED	unknow	m	College (1-4 of 5		hef		_			Restau	ırant	Busi	ness
8	17. FATHER'S NAME (First, A				18. MOT		ME (First, Middle, Meide						
BE									oelle Burr				
2	190. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Lydie B. Clement  4424 Reisterstown Rd. Baltimore. MD 212											-	
										OCATION -			
	1 - Burlel 2 Cremetic	on 3 🗆 Remo	oval from State	cemetery, cr	ematory or o	ther place)	}		01				,
	4 Donalton & Other (Specify) Metro Crematory, Inc. 01/10/95 Baltimore, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald 22. NAME AND ADDRESS OF FACILITY												
	tremation Society of Maryland, Inc											Inc.	
$\dashv$	- Duni	(1.1	ICAN	iana			299	Fred	deric	ck Rd. Bal	timo	re. N	D 21228
	23. PART I. Entar the d shock, or h	aart fallura.	complications the	it caused tha duea on each lin	eath. Do r a.	not antai	r tha me	oda of dy	ing, auc	h aa cardlac or rea	piratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fit disease or condition				,			/					Oneat and Death
	disease or condition a. My OCE 2. L. L. Jangon C. I. J. Jangon C. I. J.												
	DUP TO (OR AS A CONSEQUENCE OF):												
8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
E	If any, laading to immediata cause. Enter UNDERLYING												
띮	CAUSE (Disease or Injuthat Initiated events	iry S	DUE TO	(OR AS A CONSE	OUENCE OF	f):							İ
CERTIFICATION	resulting in death) LAST												
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	PERFORMED? AVAILABLE PRIOR TO												
		Charles C.	1-0-3/00	1 70	71001	Cyclop	77			1 □ YES	2 NO		OF DEATH?
- 1	V DID TORACCO II	CE CONITE	UDI ITE TO CA	LICE OF DE	ATIL ME		NO F	701 11010					1 TES 2 NO
A N	DID TOBACCO U		CIBUIE IO CA		CE OF DEAT				ERIAI	<u> </u>			
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHE	R:	1.4					
ž	27, MANNER OF DEATH		28e. DATE OF		28b. TIM	_		JURY AT	esidence	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OF	CHBED	
		Pending	(Month, E	Pay, Year)	INJ	URY M	W	ORK? YES 2	NO				
BÝ	2 Catalda	Could not be	28e. PLACE C	F INJURY — At h	ome, term, s	streat, fact	tory, offic	in .		281. LOCATION (Street	end Numbe	er or Rural F	loute Number.
Ĭ		determined	building,	atc. (Specify)						City or Town, Stet	9)		200 197 200
ן ב	29e. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledge 4	eath occur-	ed at the t	lime date	and place	and due	to the cause(s) end m	annes es ci	etad	
COMPLETED													) end manner es stated.
- 111	295, SIGNATURE AND TITLE								ENSE NUM				(Month, Day, Year)
BE	11	1.11	1					YO	3-	1928	<b>I</b>		
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)		1/	J /	100	Ja	nuar	v 10, 1995
	Robert K. 1	Roby, 1	M.D. 24	35 W. Be	elved		Sui	te 2	2. R	altimore,	MD 2	1215	
	JAN 1 3 19	WE d		R'S PSYLAPPEL	- r cu	-109	Jul	4	<u>., D</u>	archiore,	<u> </u>	LLL	
	JANIO	190 9	LUBE BUTTON	or a man to doubt									
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,	TO THE HOSTING ATTE DING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or att	TO THE FLANCE. DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed writing to a fee death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	STATE OF M	IARYLAND A	DEPAR	RTMEN	T OF H	IFAITH	AND A	MENTA	I HAGIEN	F			
	1 - STATE REGISTRAR			ERTIF					iicit in	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								MONT			YEAR	3. TIME OF DEATH	н
	John  4. SOCIAL SECURITY NUMBER	J 5. SEX	8. AGE (In yrs. Ia.	ROMMI		USER R 1 YEAR	IF UNDER	04.1000		Jary 1	1 19	95	22:45	Рм
	218 03 9059	1 🕅 M 2 🗆 F	74		MONTHS		NOURS	MIN.	(Mont	7, Day, Year)		Countr		wign .
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN (	OR LOCATION			3/1320		INTY OF D		
OR	Franklin Square H	ospital (	Center		Ros	svil	le 2	1237			Ra1	Ltimo	re	
ECT	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c, CIT	Y. TOWN	OR LOCAT	TION				10d. INSIDE CITY			
DIRECTOR	Maryland Baltin	more		Essex									LIMITS?	NO .
AL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	110 N. Essex Aven	ue					2122	1			U.	S.A.		
FU	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	YYES 2		13.					N? (Specify Yes Ricen, etc.)	or No—		- American Indian	n,
BY	3 Wildowed 4 Divorced	World W				1 TYES	2X NO	Specify:				Speci	"White	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. Dt	ECEDENT'S	USUAL C	CCUPATIO	ON		168	. KIND OF BUS	SINESS/IND			
	Elementary/Secondary (0-12)	College (1-4 or 5+	) life	. Do NOT u	se retired.	during mo	St OF WORKIN	v				_		
COMPLETED	10 17. FATHER'S NAME (First, Middle, Lest)		For	eman								al M	fg. Co.	
	August Drommelhai	user					100			Middle, Malden  Kimm				
BE	19e. INFORMANT'S NAME (Type/Print)	ADCL	19	b. MAILING	AODRES	S (Street a				ber, City or Town				
Marie A. Drommelhauser  196. Mallino Address (Street and Number or Rural Route Number, City or Yown, State, Zip Code)  110 N. Essex Avenue Essex, Maryland 21221														
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State														
1														
	21, SIGNAL OF POWERAL SERVICE LIC	CHOCK	1									-		
	10-12	922	1										and 2122	1
	23. PART I. Enter the diseases, or cahock, or heart fellure.	List only one cau	ee on each line	eath. Do i	not ente	r the mo	de of dyl	ng, such	n aa can	diec or reepi	ratory en	reat,	Approximation interval Bet	tween
	iMMEDIATE CAUSE (Final disease or condition	a. Ischen	nio opra	l d amus	0006	1							Onset and	
	resulting in death)		OR AS A CONSE			пу		·····					5 year	rs
N	Sequentially list conditions,	b												
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE O	F):									
FIC	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):			-					-	
ERT	resulting in death) LAST	d												
O	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL	Peripheral vas									PERFOR	MED?		AVAILABLE PRIOR TO	O
MED				_					_	1 123 2	SCHO		OF DEATH?	0
ä	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆	NO [	] UNC	ERTAIN	1 12					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		E OF DEA	TH (Check									
1YS	1  YES 2 NO 27. MANNER OF DEATH	1 M Inpetient 2 -		DOA 286, TIM	4 🗆 Nu		e 5 🗆 Re	sidence 8				0.1000		_
	1 Natural 5 Pending	(Month, Da			URY	WO	RK?	NO.	280. DE	SCRIBE HOW II	NJUHY OCI	CURED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho	me, farm, :	street, tec			-		ATION (Street a	and Number	r or Rural A	loute Number,	$\dashv$
W	4 Homicide determined	training, (	itc. (opecity)						City	or Town, State)				
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC													
SON	2 MEOICAL EXAMINE	R: On the beele of ex	emination end/or	investigatio	n, in my	opinion, d	eath occur	ed at the t	time, date	end place, en	d due to th	se ceuse(e	) end menner ee sta	rted.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	N.	. 1				-	NSE NUM					(Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OE OEATH (ITE	M 07) (5	D-(-a)		77 7	139	60		_ \	111/	145	

M.D. 9000 Franklin Square Drive, Baltimore Maryland 21237 M.D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	or death. Page 6 may be retained by the bosonital or attending othering
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DEPTIME OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a after death. Page 6 may be retained by the host	HERAL WITHCOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached	I have after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	INT II Am 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	1	る	R	=
1	980	H	à	N

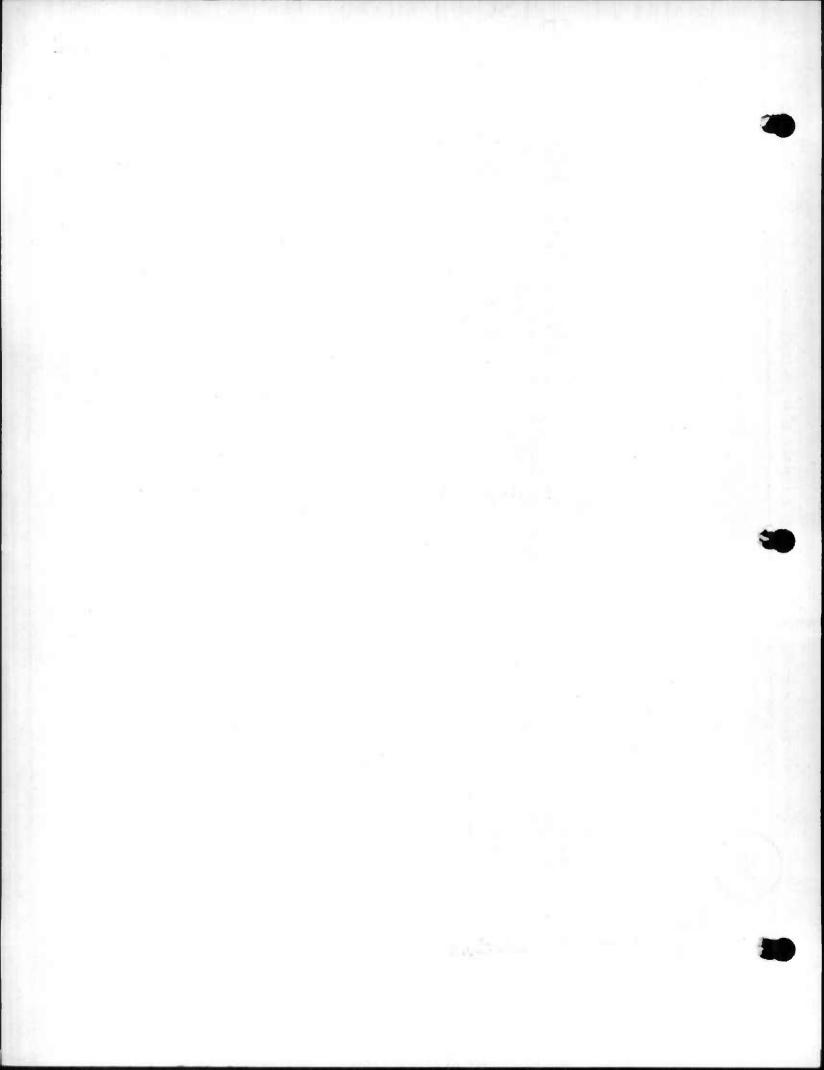
31. DATE FILED (Month, Day, Yo JAN 1 3 1995

10	DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR 3	. TIME OF DEATH					
			ret E						1/12/19	-		1:15pm M					
	SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	lest birthday)	MONTHS	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF BIRTH (Month, Day, Year)	Country)	ACE (State or Foreign						
	217-74-8847	1 M 2XX	92	YRS.					12/10/1	lto, MD							
	FACILITY NAME (If not institution, give s		9b. CIT	Y, TOWN O				9c. COUN	TY OF DEA								
BI	Roland Park	Place			l		E	Balt	imore		Cit	У					
104	a. STATE 10b. COUNT	10c. CIT	Y, TOWN	OR LOCAT	IDN				-1	Od. INSIDE CITY LIMITS?							
Md City Baltimore										XXES 2 NO							
104	. STREET AND NUMBER						. ZIP CDDI	E		10g. CITIZ	TIZEN OF WHAT COUNTRY?						
	Roland Park	Place	830 We	est 4	10th		212	211			U.S.A.						
18	MARITAL STATUS	12. WAS DECEDEN FORCES? 1			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puario Rican, etc.)						Black, White, etc.				14. RACE — American Indian.		
3 [	Never Married 2 Married Wildowed 4 Divorced	IF YES, GIVE V	YES 2 NAR OR DATES	X		1 YES	2 NO	Specify			Specify;	White					
X	15. DECEDENT'S EDU	CATION	160 5	DECEDENT'S					16b, KIND OF BI	ISINESS UND		WILLCE					
	(Specify only highest grade	completed)		(Give kind of ife. Do NOT u	work done	durina moi	st of worldr	ng	160. KIND OF B	Jamesa/INDI	JOINT						
	1 2	College (1-4 or 5	• 7	Н	Iome	make	er										
17.	FATHER'S NAME (First, Middle, Last)							HER'S NAI	ME (First, Middle, Maide	n Sumame)							
C	harles Peacoc	k					S	usa	an Orem								
194	I. INFORMANT'S NAME (Type/Print)		1	19b. MAILINE	ADDRES	SS (Street a	nd Number	r or Rurel F	Boute Number, City or To	wn, State, Zip	Code) 2	1401					
	Bertram Edmon	ston		115	6 R	iver	Ba	y R	d. Cape	st.	Cla	ir, MD					
204	Burlal 2 Gramation 3 Rem	owal from State	20b. PLAC	E DF DISPO						OCATION — C							
40	Burial 2 Gremation 3 Rem Donation 5 Other (Specify)	TOTAL HOIL STATE		ro C	rem	ator	CV			aton	swil.	le, MD					
21.	SIGNATURE OF PUNERAL SERVICE LI	cesegge /		1	22.	NAME AN	DADDRE		CILITY								
	1/ tchai	1 lour	Denie	en		3639	ree a	Hen	ssdFuner	al Ho	PMB						
23	3. PART I. Enter the diseases, or	complications the	t coused the c	death. Do	not ente	r the mo	de of dy	ing, suci	h as cardiac or ras	piratory arm	est,	Approximate					
shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel											Interval Between Onset and Daath						
di	sease or condition	. Br	nch	24,													
1	suiting in coolin	DUE TO	(DR AS A CONS	EDUENCE D	F):					-	_						
	equentially list conditions.	b															
If	any, leading to immediate	DUE TO	(OR AS A CDNS	EOUENCE O	F):												
C	AUSE (Disease or Injury	C	(DD 40 4 00)(0	EDITOR O	-	_											
	at initiated events auiting in death) LAST	OUE 10	(DR AS A CONS	EDUENCE O	rej:												
	d																
P/	ART II. Other significant condition	ns contributing to	death but not	t resulting	In the u	nderlying	cause	given in	Part I. 24s. WAS A	N AUTOPSY DRMED?		VERE AUTOPSY FINDINGS					
	Cornary to	tery 1	Sea	se	$\sim c$	HF			1 TYES	2 Dec	C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	Depressin	_			,					71		YES 2 NO					
alexanthats																	
18	WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE DF 0	DEATH (Ch	eck only one)								
25.	1 TYES 2 ND	HOSPITAL:	ER/Outpatient	3 DOA	OTHE NU		6 5 R	esidence	8 Other (Specify)								
25.	MANNER OF SEATH	28a. DATE OF	INJURY Day, Year)	28b. Tilk	ME OF JURY	28c. INJ WO	URY AT		28d. DESCRIBE HOW	INJURY OCC	URED						
	MANNER OF DEATH																
27.	Netural 5 Pending 2 Accident Investigation		OF INJURY — ALI		М		YES 2	□ ND									

Dow M. D. 838 W. 40thst

DHMH-18 Rev 1/89

Bultimore MD 21211



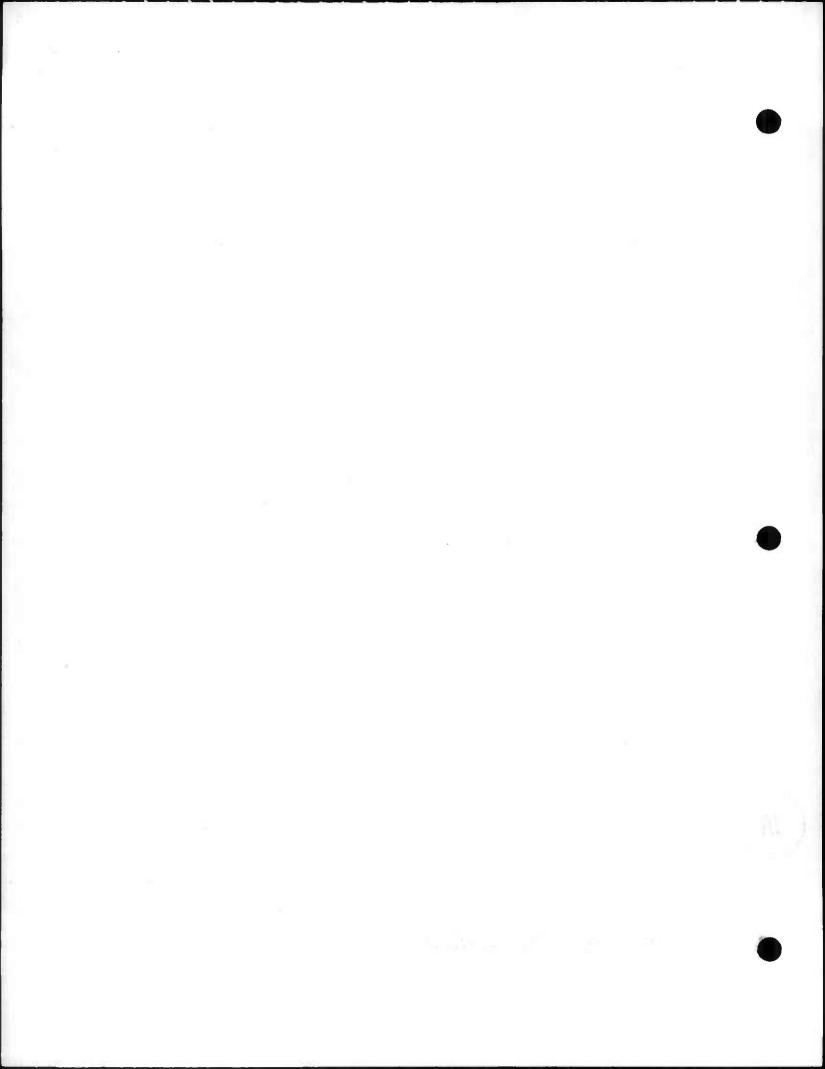
y be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hospi	by the funeral director, page 5 should be detached	cal examiner must be notified at once.	
MISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MINISTER OF ATTEMMS PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospi	TO THE FUND DEFECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AI		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF DEATH		3. TIME OF DEATH
GLORIA		FORBY		JÄÑ	NÜARY 12,	1995	12:00 P M
The Control of the Co			UNDER 1 YEAR   IF UNDER 24 I	rs. 7. DAT	TE OF BIRTH		IPLACE (State or Foreign
	1 🗌 M 2 (2KF	38 yrs. Moi	THE DAYS HOURS IN	in. 12	2-26-57	Count	"MD
9a. FACILITY NAME (If not institution, give stre		9b	CITY, TOWN OR LOCATION		90	COUNTY OF D	EATH
THE JOHNS HOPKIN	12 HOSPITAL		BALTIMORE C	ITY			
10s. STATE 16b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d, INSIDE CITY
MD		Balt	timore				LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		104		WHAT COUNTRY?
1614 E. Monume			2120	5		US.	A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORK	GIN? (Specify Yea or N	lo- 14. RACE	- American Indien,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES 2 THO	Specify:	is the same	Speci	
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USU	AL OCCUPATION	1	6b. KIND OF BUSINES	RS/INDIJSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)		done during most of working			33/11/2031/11	
		Nurses	Assistant				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (Firs	t, Middle, Maiden Surne	nme)	
Edward Forby			G1	oria	Jackson		
19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or I				
Paul & Edward F	orby	2744 ]	Edmondson .	Ave.	Balto.,	MD	21223
20e. METHOD OF DISPOSITION 1 DEScript 2 Cremetion 3 Remov	ral from State 20	b. PLACE AND DATE OF DE	SPOSITION (Name of place)	1		ON — City or To	
4 Donation 5 Other (Specify)		metery, crematory or other references			17 Balt	imore	, MD
and the continue service con	) ha -		James A.	Mort	on & So	ns Fu	neral Home
James (	1. The	Mon	1701 Lau	rens	Street	Balto	
23. PART I. Erner the diseases, or co	mplications that eause on	ed the death. Do not e	enter the mode of dying,	auch aa ce	ardiac or reapirator	ry arreat,	Approximata Interval Between
IMMEDIATE CAUSE (Final	0						Onset and Death
disease or condition resulting in death) a.	Neumi						5 days
	DUE TO (OR AS	A CONSEQUENCE OF):	57.	- //			
Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF:	Defrancy &	INLES	me		7 45
If any, leeding to immediate cause. Enter UNDERLYING	54 10 (ON 25	A CONSEQUENCE OF):	V /	I			i ' I
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				*	<del> </del>
resulting in death) LAST							
PART II. Other aignificant conditions	contribution to death	h				KIV .	
The state agricultural conditions	contributing to deetil	out not readiting in th	a underlying couse give	n in Part I.	24a. WAS AN AUTO PERFORMED	PSY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 TYES 2	10	DF DEATH?
DID TOBACCO USE CONTRI	DUTE TO CALICE	DE DEATH VEC	7 NO [] INIGER	7444			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	BOTE TO CAUSE (	26. PLACE OF DEATH (C		IAIN L			/
EVAMINEDO	HOSPITAL:	ОТ	HER:		olomer (m.		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Reside		her (Specify) ESCRIBE HOW INJUR	V OCCUBEO	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 NO				ľ
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	Y — At home, farm, street	, factory, offica	26f. LC	CATION (Street and N	umber or Rural R	oute Number,
4 Homicide determined	building, atc. (Sp.	вспу)		Ci	ty or Town, State)		1.1
29a. CERTIFIER Check only	AN: To the best of my kno	wledge, death occurred at	the time, date end place, and	due to the o	ause(s) and menner	na stated	
			my opinion, death occured s				and menner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIER			29c, LICENSE				(Majfth, Day, Year)
11.11 MO	849.		L7	378	,	1/17	195
30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type, Print	)	,,,,	1	110	1
31. DATE FILED (Month, Day, Year)	D. FERRI	5 The John	My Hydrine Hy	met of	Borgins	e MO	21205
IAN 1 3 1995 4	As Muchan Ro		-				



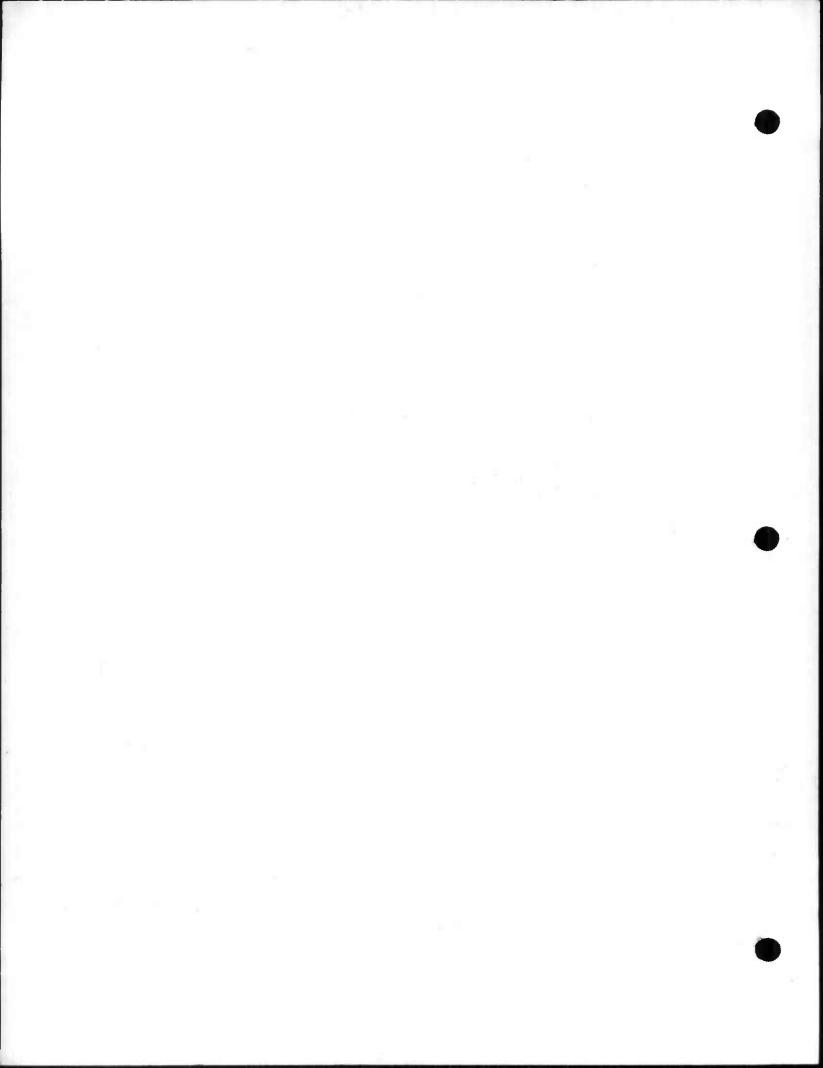
BALTIMORE, MARYLAND 21215-0020

IVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, PER MEO FILM G-719 1/20/95 t.t
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OLITIII	FICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	)				2. DATE O				3. TIME OF DEATH
	GEORGE	FAIR SI	R.			JAN.	94	o i	95	1619 P
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				
		1 🔯 M 2 🗆 F		MONTHS DAYS		/. DATE OF	Day, Your)		Country)	LACE (State or Foreign
	216 36 2771	41	55 YRS.			05/15	/1939	1	Mary	land
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNT	Y OF DEA	ATH
DIRECTOR	2301 SOUTH NE	WKTRK STRE	EET	BALTI	MORE CI	ΓΤΥ				
15	RESIDENCE OF DECEDENT									
Ĭ,	10a. STATE 10b. COUNT	TY	10c. Cl	TY, TOWN OR LOCAT	ION					10d. INSIDE CITY
<del> </del>	Maryland Balti	more	Mid	dle Rive	r				Ι.	LIMITS?
	10e. STREET AND NUMBER		1.110		. ZIP CODE			40 0/2/20		
2	7177 / 2000	21.2.								IAT COUNTRY?
"	7177 / Cunning (				21220			U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 2	R IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN?	(Specify Yes	or No—	RACE -	- American Indian, White, etc.
BY	1 Never Married 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			2X NO Specify		aun, etc.)			
	o none									White
H	15, DECEDENT'S EDI (Specify only highest grad	UCATION in completed)	160. DECEDENT'S	SUSUAL OCCUPATIO	ON .	16b. K	IND OF BUS	INESS/INDUS	TRY	
띹	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IHe. Do NOT L	work done during mos see retired.)	si or working					
릴	8	12001	Edgema	n		1 1	Wall 1	Board	Com	pany
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM					7
	George W. Fair							,		
96	19e, INFORMANT'S NAME (Voe/Print)				Marie A			<i>j</i> -		
2				G ADDRESS (Street er						
	Elizabeth A. Fair		7177	Cunning (	Circle Mi	iddle	River	, Md	212	20
	20e. METHOD OF DISPOSITION	:	20b. PLACE AND DATE	OF DISPOSITION (Net	me of	DATE	20c. LOC	ATION - CI	y or Town	n, State
	1 Remarks 1 Donation 5 Cremetion 3 Rem	noval from State	Gardens o	f"fäith	1/14	4/95	Balt:	more	Cour	nty, Md.
	21. SIGNATURE OF FUNERAL SERVICE L				D ADDRESS OF FAC	NI (TV	P			ici i i i i i i i i i i i i i i i i i i
		0 1		Bruzdzi	D ADDRESS OF FAC INSKI FUR	neral	Home	P.A.		
- 8	Ham 12-	70/2 -1		407 Ea	astern Av	ve Ba	Ltimon	e.Md	2123	21
	23. PART I. Enter the diseeses, or	complications that caus	sed the deeth. Do	not anter the mod	de of dying, such	an cerdia	c or reapir	atory erres	t.	Approximata
	anock, or neert failure.	. Lat only one ceuse or	n eech line.		,,,	. 44 001414	o or roupin	atory orres	4,9	Interval Between
	iMMEDIATE CAUSE (Finei disease or condition									Onset and Death
		CADDIAC ADD	V TIBAT A							
	resulting in death)	. CARDIAC ARR								
	resulting in death)		S A CONSEQUENCE O	OF):						
Z			S A CONSEQUENCE O	DF):						
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O							
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. MYOCARDIAL DUE TO (OR A	S A CONSEQUENCE OF	DF):						U
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. MYOCARDIAL  DUE TO (OR A:  HEALED MYOC	S A CONSEQUENCE OF	PF): RCTION						
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. MYOCARDIAL  DUE TO (OR A:  HEALED MYOC	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA	PF): RCTION						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. MYOCARDIAL  DUE TO (OR A:  HEALED MYOC	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA	PF): RCTION						
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. MYOCARDIAL  DUE TO (OR A)  C. HEALED MYOC  DUE TO (OR A)  d.	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA	PERCITION	cause given in F	Part I. 2	4a. Was an A			FERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. MYOCARDIAL  DUE TO (OR A)  C. HEALED MYOC  DUE TO (OR A)  d.	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA	PERCITION	cause given in F		PERFORE	MED?	A	MAILABLE PRIOR TO
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. MYOCARDIAL  DUE TO (OR A)  C. HEALED MYOC  DUE TO (OR A)  d.	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA	PERCITION	cause given in F			MED?	A	
MEDICAL	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition	b. MYOCARDIAL DUE TO (OR AL  C. HEALED MYOC  DUE TO (OR AL  d	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF S	PF): RCTION PF): In the underlying			PERFORE	MED?	C	MAILABLE PRIOR TO COMPLETION DF CAUSE
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. MYOCARDIAL DUE TO (OR A:  C. HEALED MYOC DUE TO (OR A:  d	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF S	PF): RCTION PF): In the underlying		_   1	PERFORE	MED?	C	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT	b. MYOCARDIAL DUE TO (OR A:  C. HEALED MYOC DUE TO (OR A:  d	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF S	PF): RCTION PF): In the underlying		_   1	PERFORE	MED?	C	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. MYOCARDIAL DUE TO (OR A:  C. HEALED MYOC. DUE TO (OR A:  d.  RIBUTE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF DEATH YIELD OF DEATH YIELD OF DEATH YIELD OF DEATH YIELD OF DEATH	In the underlying	UNCERTAIN	1	PERFORM PES 2	MED?	CO	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT	b. MYOCARDIAL DUE TO (OR AL  C. HEALED MYOCA DUE TO (OR AL  d.  RIBUTE TO CAUSE HOSPITAL: 1   Inpetient 2   ER/O	S A CONSEQUENCE O  SCARRING S A CONSEQUENCE O  ARDIAL INFA S A CONSEQUENCE O  The but not resulting  OF DEATH YI  26. PLACE OF DEA	In the underlying  ES NO THER:  4 Nursing Home	UNCERTAIN	1 D S Other (	PERFORI	ACTO	RY	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	b. MYOCARDIAL DUE TO (OR A:  C. HEALED MYOC. DUE TO (OR A:  d.  RIBUTE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF DEATH YIELD OF DE	ES NO THER: 4   Nursing Home 4   Auraing Home 4   Sec. INJURY WOF	UNCERTAIN  5 □ Residence (	1 D S Other (	PERFORM PES 2	ACTO	RY	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. Was Case Referred TO Medical EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF DEATH YEAR	ES NO THER: 4   Nursing Home ME OF USE   Sec. INJURY WOF	UNCERTAIN  5 5 Residence (  JRY AT  RK?  ES 2 NO	1 D S Other (	PERFORI	ACTO	RY	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR ALL DUE TO	S A CONSEQUENCE O  SCARRING S A CONSEQUENCE O  ARDIAL INFA S A CONSEQUENCE O  The but not resulting  OF DEATH YI  28. PLACE OF DEA  Putpettant 3 DOA  TY 28b. Tin  IN.  JRY — At home, ferm.	ES NO THER: 4   Nursing Home ME OF USE   Sec. INJURY WOF	UNCERTAIN  5 5 Residence (  JRY AT  RK?  ES 2 NO	6 X Other (S	PERFORM PER 2  Specify) F  NIBE HOW IN	ACTO	RY	MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending investigation	DUE TO (OR A:  b. MYOCARDIAL  DUE TO (OR A:  c. HEALED MYOC.  DUE TO (OR A:  d.  na contributing to death  RIBUTE TO CAUSE  HOSPITAL:  1   inpetient 2   ER/O  28e. DATE OF INJUR (Month, Dey, Year)	S A CONSEQUENCE O  SCARRING S A CONSEQUENCE O  ARDIAL INFA S A CONSEQUENCE O  The but not resulting  OF DEATH YI  28. PLACE OF DEA  Putpettant 3 DOA  TY 28b. Tin  IN.  JRY — At home, ferm.	ES NO THER: 4   Nursing Home ME OF USE   Sec. INJURY WOF	UNCERTAIN  5 5 Residence (  JRY AT  RK?  ES 2 NO	6 X Other (S	PERFORM PER 2  Specify) F	ACTO	RY	MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. Was Case referred to Medical Examiner?  1 Yes 2 No  27. Manner OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR A:  b. MYOCARDIAL  DUE TO (OR A:  c. HEALED MYOC.  DUE TO (OR A:  d.  na contributing to death  RIBUTE TO CAUSE  HOSPITAL:  1   Inpetient 2   ER/O  28e. DATE OF INJUR (Month, Dey, Year  26e. PLACE OF INJUR building, etc. (S)	S A CONSEQUENCE O  SCARRING S A CONSEQUENCE O  ARDIAL INFA S A CONSEQUENCE O  The but not resulting  OF DEATH YI  28. PLACE OF DEA  Thutpettant 3 DOA  TY  18Y — At home, ferm, ipecify)	ES NO THER: 4 Notation More Me of Months and More More More More More More More More	UNCERTAIN  5 G Residence &  JRY AT RES 2 G NO	6 X Other (S 28d. DESCE 28f. LOCATI City or	PERFORM  Specify) F  RIBE HOW IN  ON (Street ar  Town, State)	ACTO	RY	MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation   Inves	DUE TO (OR AL  DUE TO	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA S A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF DEATH YIELD A CONSEQUENCE OF THE CONS	In the underlying  ES NO THER: 4 Normaling Home 4 Normali	UNCERTAIN  5	8 X Other (3 28d. DESCRIPTION OF THE CALL	PERFORM  Specify) F  Specify) F  Specify In  Specify I	ACTO	RY RED Rural Rou	WALLABLE PRIOR TO OMPLETION DF CAUSE IF DEATH?  YES 2 NO  Note Number,  Ind menner se stated.  Honth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. Was Case referred to Medical Examiner?  1 Yes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  29b. SIGNATURE AND ENTIRE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WITH A PROPERTY OF	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO (MORTH, Dey, Year DUE DUE TO (MORTH, Dey, Year DUE DUE TO (MORTH, Dey, Year DUE DUE TO (MORTH, Dey, Year DUE DUE TO (MORTH, Dey, Year DUE DUE TO (MORTH, Dey, Year DUE TO (MORTH) D	S A CONSEQUENCE O  SCARRING S A CONSEQUENCE O  ARDIAL INFA S A CONSEQUENCE O  The but not resulting  OF DEATH YI  28. PLACE OF DEA  Putpettant 3 DOA  TY 28b. Tin  Ty  Cowledge, death occurr  pain end/or investigation  DEATH (ITEM 27) (Type	In the underlying  ES NO THE CHECK only one)  OTHER: 4 NOTHER: 4 NOTHER: MOP 1 YOUR Street, tactory, office on, in my opinion, department of the control of	UNCERTAIN  5 5 Residence 6  JRY AT  RR? ES 2 NO  end place, and dus t  seth occured at the ti  29c. LICENSE NUM  O . C . M .	6 X Other (3 28d, DESCR City or to the cause time, deta an ER	PERFORM  Specify) F  Specify) F  Specify) F  Specify) F  Specify F	ACTO JURY OCCUP  Ind Number or as stated, due to the c  29d. DATE 9  JAN	RY RED Rural Rou euse(e) e	wallable Prior To Completion DF cause of Death?  YES 2 NO  Ite Number,  and menner se stated.  Month, Day, Year)  11,1995
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation   Inves	DUE TO (OR AL  DUE TO	S A CONSEQUENCE OF SCARRING S A CONSEQUENCE OF ARDIAL INFA S A CONSEQUENCE OF DEATH YIELD STATE OF DEATH YIELD STATE OF DEATH YIELD STATE OF DEATH YIELD STATE OF DEATH (ITEM 27) (Type 1111 Pen	In the underlying  ES NO THERE  TH (Check only one)  OTHERE 4 NOTHERE MOP M 1 YOF  street, tactory, office  and at the time, date a on, in my opinion, de	UNCERTAIN  5 5 Residence 6  JRY AT  RR? ES 2 NO  end place, and dus t  seth occured at the ti  29c. LICENSE NUM  O . C . M .	6 X Other (3 28d, DESCR City or to the cause time, deta an ER	PERFORM  Specify) F  Specify) F  Specify) F  Specify) F  Specify F	ACTO JURY OCCUP  In ACTO JURY OCCUP  In A Number or as stated, due to the c  29d. DATE 9  JAN	RY RED Rural Rou euse(e) e	wallable Prior To Completion DF cause of Death?  YES 2 NO  Ite Number,  and menner se stated.  Month, Day, Year)  11,1995





BALTIMORE, MARYLAND 21215-0020	th certificate be executed authority after death. Page 6 may be retained by the hospital or attending physician.
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P.O. BOX 68760	EXECT
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OR ATTENDING PHYSICIAN: The law requires that the death DIVISION OF VITAL RECORDS,

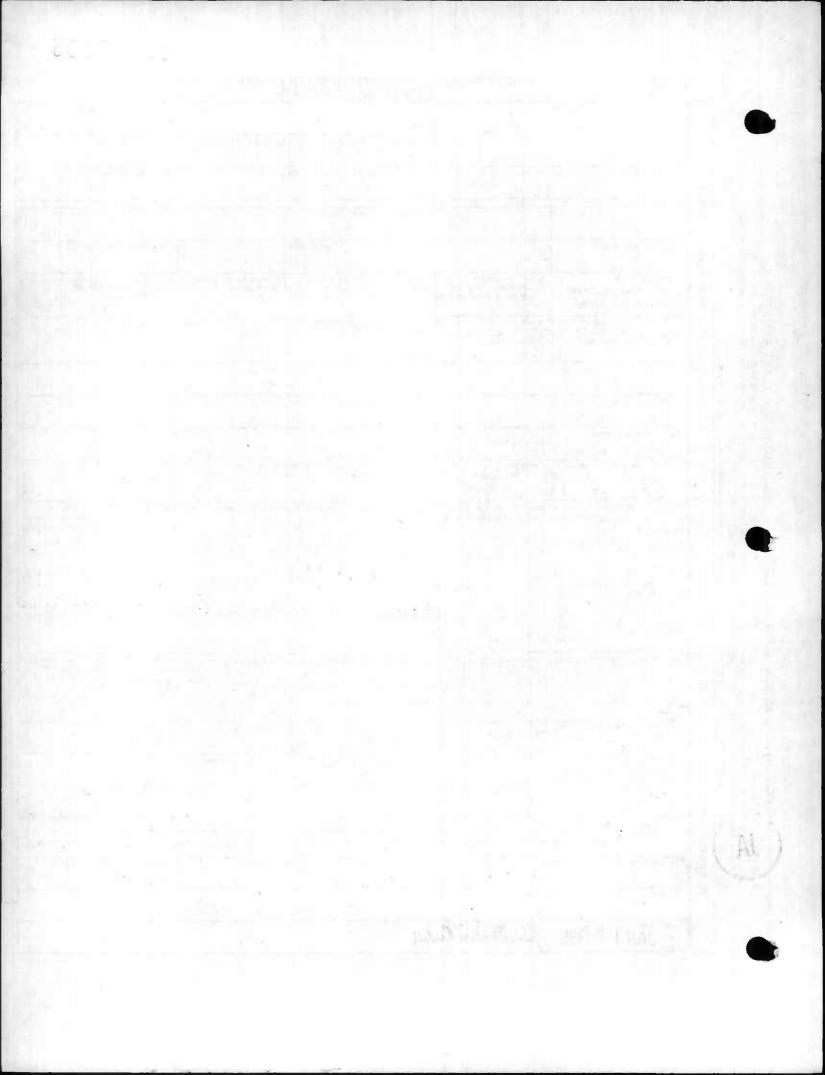
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31. DATE FILED (Mogth,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

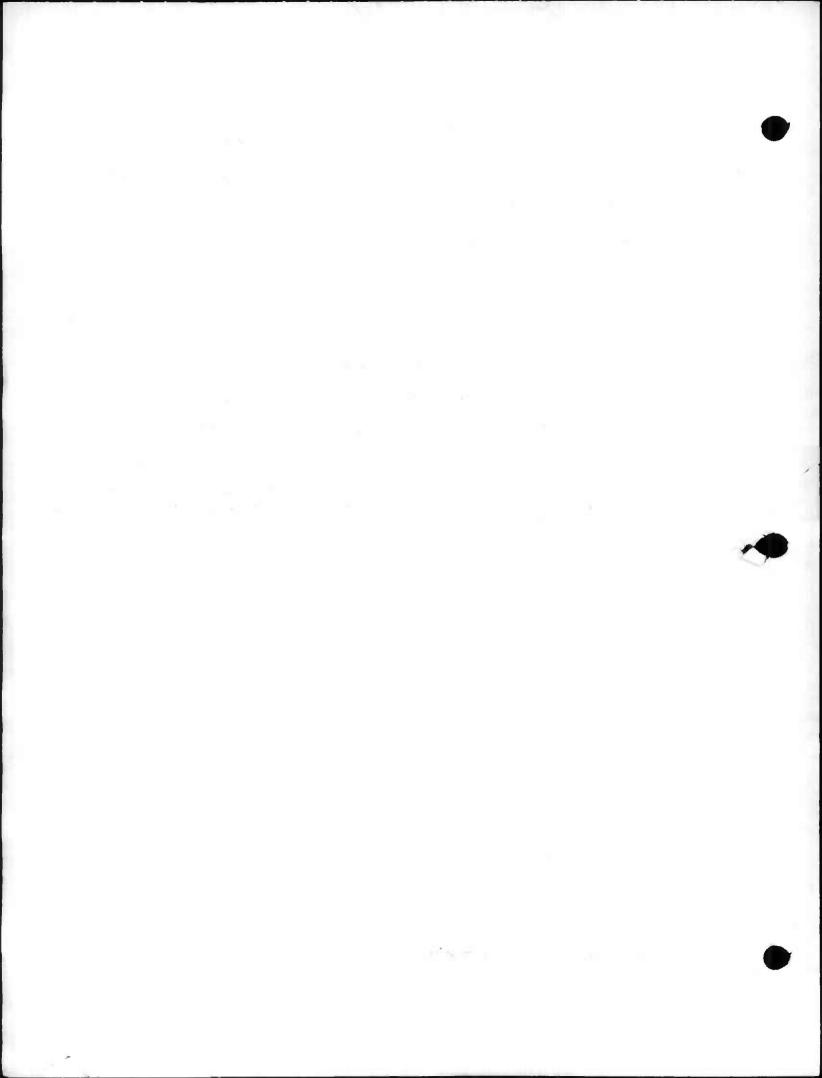
Appendix of Death (ITEM 2)

	1. DECEDENT'S NAME (First, Middle, Las	0.4	01-	11-0		P REG. N  2. DATE OF DEATH MONTH		3. TIME OF DE		
	SHIRI	F15,	HEIC		JAn.	5 9	5 30			
	4. SOCIAL SECURITY NUMBER 219-26-8095	5. SEX 1 □ M 2 D F	6. AGE (In yrs. I	YRS. IF UND	B DAYS HOURS	MIN. 7. DATE OF BIRTH	20	B. BIRTHPLACE (State or Country)  IARYLAND		
TOR	BON SECOUR HOS  RESIDENCE OF DECEDENT			100	LTIMORE	N OF DEATH	9c, COUNT	Y OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	ITY		BALTI			10d.			
	10e. STREET AND NUMBER		Dilata	10f. ZIP CODE		10g. CITIZI	1 X YES 2 [			
ERAL	2335 LAURETTA A	VE			21223	USA				
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 V	RMED 1		HISPANIC ORIGIN? (Specify, Mexicen, Puerto Rican, etc.) Specify:		4. RACE — American in Black, White, etc. ARF . AMER		
EDE	15. DECEDENT'S EG	NICATION	100.0	SECENTIO HOUSE	CONTRACTION					
<u>L</u>	(Specify only highest gra	de completed)  College (1-4 or 5 +	)	le. Do NOT use retired	e during most of working !.)		BUSINESS/INDU	STRY		
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)	4	E	SALTIMORE	CITY SCH					
BE CC	WILLIAM BROWN				77.	ER'S NAME (First, Middle, Maid SIE BROWN	en Sumeme)			
5	190. INFORMANT'S NAME (Type/Print)  MARTY FISHER  190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  4234 FALLS ROAD, BALTIMORE, MARYLAND.									
	20e. METHOD OF DISPOSITION 1 Suriet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)									
	4 Donation 8 Other (Specify) CEDAR HILL CEMETERY 1/11/95 BROOKLYN, MARYLAND  21. SIGNATURE OF FUNERAL PRINTICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
	Flored V	1. Oste	1	E	STEP BROT	HERS FUNERAL PLACE, BALT				
	23. PART I. Enter the disesses, o shock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. List only one caus	caused the caused in the caused t	pfic	Surd	ng, such as cardiac or re-	spiratory arre	st, Approxi Interval Onset s		
ERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OF AS A CONS	price	Fe to Degr	Hoi do	ins	72		
O	d.									
MEDICAL	PERFORMED?  1 Tes 2 And							AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2		
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SICI	EXAMINER?	HOSBITAL:	ER/Outpatient	3 DOA ADA	ER:	ATH (Check only one)		Park Inches		
РНҮ	27. MANNER OF DEATH SCA Natural 5   Pending	26a. DATE OF (Month, De	INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HO				
ETED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF	FINJURY — At I	home, term, street, to		281, LOCATION (Stre		r Rural Route Number,		



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VISION OF VITAL RECORDS, P.O. BOX 68/60	ATTENDING DUNCINAMI: The force considers who decots considered by more dead sold
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	1 - FOR STATE OF MAR			TMENT OF			ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  EDWARD  FUHRN  4. SOCIAL SECURITY NUMBER  5. SEX  6.	ANE NGE (In yrs. Ias		IF UNDER 1 YEAR	IF UNDER		DATE OF BEATH D.	0 0	3. TIME OF DEATH S S STATE OF POPULATE OF FOREIGN
	217 38 9430 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 12,1		Country) Maryland
OB	99. FACILITY NAME (# not institution, give street and number) St. Agnes Hospital			Baltir		ON OF DEAT	Н	9c. COUN	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY	, TOWN OR LOC	TION				10d. INSIDE CITY
	Maryland Anne Arundel  100. STREET AND NUMBER		Ga	mbrills	of. ZIP CODE			10- 01717	LIMITS? 1 ☐ YES 2 ☑ NO EN OF WHAT COUNTRY?
FUNERAL	438 Burnscrossing Road				210			1	S.A.
B⊀	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR O	YES 2 XIN		If yes, s	CENDENT OF PECIFY Cuber S 2 10 NO	, Mexicen,	ORIGIN? (Specify Yee Puerto Rican, etc.)	or No-	I4. RACE — Americen Indien, Bleck, White, etc. Specify: White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5+)	(G	CEDENT'S ive kind of w Do NOT us	USUAL OCCUPAT rork done during n	ION osl of working	9	16b. KIND OF BUS	SINESS/INDU	
COMPLET	10th	Tı	ruck	driver			Self 1	Employ	/ed
BE CO	17. FATHER'S NAME (First, Middle, Last) Edward A. F	uhrmar	neck		18. MOTH		(First, Middle, Meiden Zabeth H:		
TO B	190. INFORMANT'S NAME (Type/Print) Sylvia Fuhrmaneck	198	38 Bu	ADDRESS (Street	and Number	or Rural Road	ne Number, City or Tow. Gambri		Maryland 21054
	20e. METHOD OF DISPOSITION  1 M Buriel 2 Crametion 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE A	MD DATE C	FDISPOSITION (P her place) L Cemet	eme of				re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ccudi	7	George	ND ADDRES	GONC!	m e Funeral	Home	P.A.
	23. PART i. Entar tha diseesea, or complications that ce ahock, or heart fellure. List only one ceuse of	used the de	ath. Do n	ot anter tha m	Riter ode of dyle	ng, such a	wy Balt na cardiec or respi	imore	st,   Approximata
	iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Respira	POLICE INVEST		Tailu	e				Interval Between Onast and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inlited events resulting in death) LAST	AS A CONSECUTION AS A C	DUENCE OF	1 88	Su.	siov	imoni a	d	Copromthe unknown perhalis dya
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to deal							MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 P NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PNO 1   Input lent 2 PER			OTHER:	LACE OF DE				
PHYS	27. MANNER OF DEATH 26e. DATE OF INJU	RY	26b. TIME	OF 28c, /N	IURY AT		Other (Specify)  Bd. DESCRIBE HOW II	JURY OCCU	RED
BY	2 Accident Investigation 28e. PLACE OF INJ	URY — At hor		M 1 🗆	YES 2	_	5f. LOCATION (Street e	nd Number o	- Quest South Mumbas
ETEC	4 Homicide datermined building, etc. (	Specify)					City or Town, State)	THE PRESENCE OF	rate rode Namos,
COMPLETED	Chack only  Check only  Check only  MEDICAL EXAMINER: On the basis of exemin								
BE C	290. SIGNATURE AND TIFLE OF CERTIFIER	1		0		NSE NUMBE		29d. DATE :	BIONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		(200) 27) (Type,	Print)		355	12	1/	10/77
	31, DATE FILED (Month, Day, Year) / 32 DEGISTDAD'S	LONATURE							
	JAN 1 3 1995 Julia of wolfer	ardall							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	TO THE FUNCTION ATM. This cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 8 17 p. SAAC JAL FRIEdMAN 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN
(Morth, Day, Year)
May 27, 1904 HOURS 1 XM 2 - F YRS. Poland 214-09-2590 90 May Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital DIRECTOR Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 TES 2 XNO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP COOE 20852 10g. CITIZEN OF WHAT COUNTRY? 1801 East Jefferson Street # 621 U.S.A. burial-transit ending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yan or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Pu

1 YES 2 NO Specify: 1 Never Married 2 Married Spoothy White BY as the 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EQUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Builder Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Anna Bleiweis Simon Friedman BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7410 Western Ave., Chevy Chase, Md. Ina Kay 20815 pe 29a METHOD OF DISPOSITION
442 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Elesavetrograd Cem. 4 Donation 5 Other (Specify) 1-8 Washington, DC examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, Va. 22046 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. interval Between 6 IMMEDIATE CAUSE (Final Onsat and Death the disease or condition AR DICAL ARRYTHMIAS -MOST LIKELY MINUTES traumatic event, resulting in death) Слет OUE TO (OR AS A CONSEQUENCE OF) CORONARY DISEASE APTERY YEARS CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): 2 cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 - YES 2 - 10 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 8 Other (Specify) marked, or 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATN 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be PLETED R 40 4 Nomicide detarmined 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piaca, and due to the cause(s) and manner as stated. S IMPORTAN 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) BE Talwar, M.D > JAN 36552 6 1995 0 30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) P. TALWAR 6121 POCKVILLE MONTFOSE RD. 20852 MD JAN 1 1995 1. 1. 32 HOSTAR'S CHARDEL

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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY TES 2 NO

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Specify:

14. RACE — American Indian, Black, White, etc.

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MARYLAN	retained
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TIMORE,	Page
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completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

Pages 1, 2, 3 should

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH lohn FER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. DAYE HOURS MIN 1 1 M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c., COUNTY OF DEATH D-RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION mere 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puarto Rican, etc.)
 U YES 2 (NO Specify: 11. MARITAL STATUS over Married 2 Married 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) ERCHANT MARINE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HEW SHEILA RMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Numb 3.310 KAL LAI METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE. Burial 2 Cremation 3 Removal from State cametery, crematory or other place) Donation 5 - Other (Specify) -21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4611 P K 23. PART I. Enter the diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Meuminia disease or condition\_ resulting in death) DUE TO JOR AS A CONSEQ Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. main Sundrow DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Check only one;

34s. WAS AN AUTOPSY PERFORMED? 24b. WERE ALTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 T YES 2 T NO OF DEATHS 1 VES 2 NO HOSPITAL 1 THE 2 THO OTHER: Inpatient 2 FR/Outp M 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNESPOF DEATH 28s. DATE OF INJURY (Month, Day, Way) 38c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED w 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Fure) Route Number City or Town, State) fi Could not be 4 Homicide 29e. CENTIFIER (Check only one) MEDICAL EXAMI filon and/or investigation, in my opinion, death occured at the time, date and placs, and due to the cause(s) and manner as stated. 19t. LICENSE NUMBER 296, DATE SIGNED (MOVIES Day, Year) MO 30. NAME AND ANORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1208 HETTLEMAN. REISTE ALLEN M.D 1777 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 1995 Stude DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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(Check only one)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hours after death. Page 6 may be retained by the hospital or attending physician. een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for of Heatth and Mental Hygiene prior to burial, cremation, or removal. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to hurial reasonable. TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR lorio 18:02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 1 WM 2 - F 6 Mary 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arunde Burnie DIRECTOR Glen RESIDENCE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? lary land timore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2122 Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Mexican, Puarto Rican, etc.) RACE — American Indian Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 1 TYES 2 NO Specify: Specify 3 Widowed 4 Divorced white ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (t-4 or 5+) COMPL 10 Government nager 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malde rank Mari GIOTIOSC BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number State, Zip Code) 2 slorioso 20e, METNOD OF DISPOSITION
1 D. Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of Glen Burnie 4 Donation 5 Other (Specify) QVPN 22. NAME AND ADDRESS OF FACILITY Ambrose 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hammonds Lansdowne יבנבוב ו 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) . POSSIBLE MYOCARDIAL INJARCTION DUE TO (OR AS A CONSEQUENCE OF) b. HYPERTENSION
DUE TO (OR AS A CONSEQUENCE OF): 8/29/90 CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 WHO DF DEATN? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: ome 5 - Residence 8 - Other (Specify)

1 YES 2 NO 1 | Inpatient 2 | DER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJUR

1 Matural Accident Investigation 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, atc. (Specify)

3 Suicide 8 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE NOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

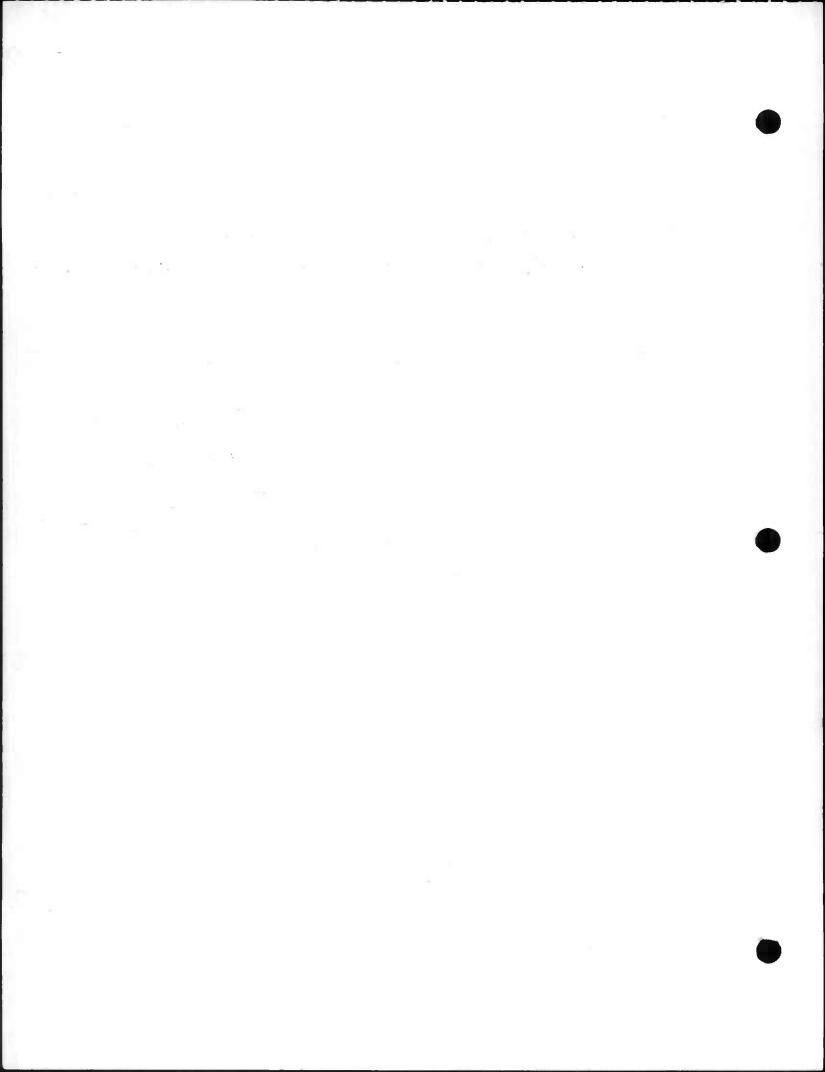
2 MEDICAL EXAMINER: On d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

hatterjee , M.D.

32. REGISTRARY SIGNATURE



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death, Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hospita	filled in by the funeral director, page 5 should be detached	ion, or removal.	the medical examiner must be notified at once.
MISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21715-671	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death, Page 6 may be retained by the hospital or amount of the law requires that the death or amount of the law requires that the death or amount of the law requires the law requires the law required to the law required by the hospital or amount of the law required to	WRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a second page 1, 2, 3 should	ous arier dean with the state dept, or reaith and Meniar hygiere prior to buriar, cremation, or removal.	em 20 is marked, or liem 23 snows any injury, or other traumatic event, i

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) Theodore		Gregory			2. DATE OF DEATH		3. TIME OF DEATH 4:34 P
200 54 4070	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIR	OTHPLACE (State or Foreign intry) I'r ginia
80. FACILITY NAME (If not institution, give street Maryland Genetal	C. D.C		Balti	DR LOCATION OF DE	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			OWN OR LOCAT	2004			
Maryland	na		ltimo				10d, INSIDE CITY LIMITS? 1 YES 2 NO
10o. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
2318 Eutaw Pla	асе						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Ya in, Puarto Rican, atc.) y:	Ble	oce — American Indian, ack, Whita, atc.
15. OECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (0-12)		16a. OECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	DN st of working	16b. KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AE	ODRESS (Street a	nd Number or Rural	Route Number, City or Tow	vn, State, Zip Code)	
20e. METHOD OF DISPOSITION  1	state rei	o. PLACE AND DATE OF D netery, crematory or other NOVal	DISPOSITION (Na place)	me of	OATE 20c. LO	CATION — City or	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Ronald	Wade,Dir			our State nore St,B		
23. PART I. Enter the disesses, or co ehock, or heert fellure. Li	mplications that cause	d the deeth. Do not	enter the mo	de of dying, suc	h as cerdiac or reep	iratory errest,	Approximate Interval Between
iMMEDIATE CAUSE (Finel disease or condition reaulting in death)		ulmonary	Arres	st (Asy	stole)		Onset and Death unknown
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Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury							
thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other eignificent conditione	contributing to deeth i	out not resulting in t	the underlying	cause given in			4b. WERE AUTOPSY FINDINGS
					PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CONTRI	BUTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAI	N 🗆		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: T	28. PLACE OF DEATH (	Check only one)				
1 TYES 2 ZAMO	HOSPITAL: 1 ☐ Inpatient 2 DER/Out	patient 3 DOA 4	☐ Nursing Hom		6 Other (Specify)		
1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	y wo	PK? PES 2 NO	28d. OEŞCRIBE HOW I	INJURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, term, stre- city)	et, factory, offici		281. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of exemination						e(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	men, air	)		29c. LICENSE NUI			EO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE						,,,
	rrero, M.	D. c/o 1	Maryla	ind Gen	eral Hos	pital	
31. DATE FILEO (Month, Day, Year)  JAN 13 1995	Jeta Die	ar Roolett			_		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE CHEEN METOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be me. within 72 mount after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPDRATE IN ILEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH
	Marie				GRAY					MON	iary 7,	199	YEAR	7.40 - M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.		_	R t YEAR	IF UNDE	R 24 HRS.		E OF BIRTH	199		7:40 p M  HPLACE (State or Foreign
	216-12-60	010	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)	102	Count	Aryland
	9a. FACILITY NAME (If not in		street and number)	10	,	9b. CIT	Y TOWN	OR LOCAT	ION OF DE		1111/	-	INTY OF D	
E				014-1										
DIRECTOR	Franklin	EDENT	are nos	pital			R	ossv	ri11	e		Balt	imor	e County
l m	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Md.		Baltime	ore						Bal	timor	е		LIMITS? 1 YES 2 NO
A P	10e. STREET AND NUMBER					-	101	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	5300	Dew (	Garth C:	ircle						212	06	l ti	ISA	
15	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIG	IN? (Specify Yes		14. BACI	E - American Indian,
BY F	1 Never Married 2 3		IF YES, GIVE W		NO		1 YES	acity Cub	an, Maxica Specify		Rican, atc.)		Speci	k, White, atc.
			<u> </u>											White
COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		DECEDENT'S (Give kind of	work done	during mo	ON ast of work	ing	16	b. KIND OF BUS	SINESS/INI		
빌	Elementary/Secondary (0	)-12)	College (1-4 or 5	•)	life. Do NOT u									
¥	12th				Sale	sla	dy							
	17. FATHER'S NAME (First, M							18. MOT			Middle, Maiden			
B	George		<u> </u>								a Rege			
ဥ	19a. INFORMANT'S NAME (7	ype/Print)									mber, City or Tow		,	
	Elmer Gr	-							th					e Md. 2120
	20a. METHOD OF DISPOSITE	n 3 🗆 Ram	oval from Stata	cemetery	E AND DATE	ther place	)			DA		CATION —		
	4 Donation 5 Other  21. SIGNATURE OF FUNERA		THOSE O	Metr	o Cr	ema	tory	/ In	C.	1/1	<b>2/95</b> 1	Ba1t	imo.	re Md.
	21. SIGNATURE OF FUNERAL	C SERVICE LIC	ENSEE / /		111				SS OF FA		mal II		o.F. 1	Eggs
	Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221													
	23. PART I. Enter the diseases, or complications that caused the death to not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
1 1	IMMEDIATE CAUSE (Fin	-	List only one cau	ae Dn each	net.									Interval Between Onset and Dasth
	disease or condition resulting in death)		- Pulmons	ru Uun	orton	aion								
	reading in death)	,	s. Pulmona	OR AS A CONS	SEQUENCE O	F):								20 years
z			Mitral	Stenos	is									40 years
[윤]	Sequentially list conditi If any, leading to immed	diate	DUE TO	(OR AS A CONS	SEOUENCE O	F):								
호	cause. Enter UNDERLYI CAUSE (Disease or Inju		<sub>c</sub> Rheumat	ic Hea	rt Di	seas	e							60 years
	that initiated eventa resulting in death) LAS		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
CERTIFICATION	in dodiny and		d											
	PART II. Other significa	nt condition	a contributing to	death but no	t resulting	In the u	nderlyln	cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	XMo		OF DEATH?
	DID TOBACCO U	SE CONTI	PIBLITE TO CA	LISE OF DE	ATH VI	:c П	NO F	t like	EDTAIN					1 TYES 2 NO
\¥	25. WAS CASE REFERRED TO		NIBOTE TO CA		ACE OF DEA			N OIN	LKIAII	1 111				
PHYSICIAN:	EXAMINER? t ☐ YES 2 💢 NO		HOSPITAL: 1 🛱 Inputiant 2	ER/Outpatient	3 TI DOA	OTHE:		. s [] D	neldanon	9 🗆 🔿	er (Specify)			
₹	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	- Indence		SCRIBE HOW II	NJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, D	ny, Year)	IN.	JURY M		RK? /ES 2 [	NO					
	2 Sudable	Could not be	28e. PLACE O	F INJURY At	home, larm,	street, fac	tory, offici			281. LO	CATION (Street 8	ind Number	or Runal F	Route Number,
ETED		detarmined	bullaing,	atc. (Specify)						City	or Town, State)			
	29a, CERTIFIER 1 TO CERT	IFYING PHYSI	CIAN: To the beat of	my knowledge	death occur	ad at the	loss data	and place		to the ex	(1)			
COM														and manner as stated.
3	29b. SIGNATURE AND TITUE		-22								- and place, an			
-8	290. SIGNATURE AND TITLE	OF CHAILFIE		2/				-	ENSE NUM					(Month, Day, Year)
2	30. NAME AND ADDRESS OF	DEBON U	O COMPLETED ONLY		7	77	1	ン D(	)7427	7		Jar	nuary	8, 1995
	Clayton Mor	avec,	M.D. 90	00 Fran	nklin	Squa	re I	)rive	Ba	lti	more. N	4D = 2	1237	
	IAN 1 3 19	rear,	ly Davideo	R'S SGNATURE										
	JHIV - 13	00 /												DUMAN AS Day and

(		T	Profes Cal Stronger		)
	DIVISION OF VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit arms	be nied within 72 hours after death with the State Dept. of Health and Memai Hypiene phor to durial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 1. PER F.H.	FILM G-719 1,	/13/95	t.t						30	UUDI	4
	FOR 1 - STATE	STATE OF MAI					MENTA					
1	1. DECEDENT'S NAME (First, Middle, Last)	MAE 6	500	ERITFIC	CATE OF	DEATH	2. DATE	OF DEATH	i c	2 <del>*</del> * * * * * * * * * * * * * * * * * *	3. TIME OF DEATH	1 - M
CALL DE AND	4. SOCIAL SECURITY NUMBER 180-14-7565	5. SEX 6 1  M 2  F	AGE (In yrs. Ia		F UNDER 1 YEAR HONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	of BIRTH h, Day, Year) .12,19	21	Count	HPLACE (State or For	
TOR	9a. FACILITY NAME (If not institution, give s  Maryland General  RESIDENCE OF DECEDENT				вы сіту, тожы Baltii	or location of d			7	UNTY OF	HTA3C	
DIRECTOR	10a. STATE 10b. COUNTY Maryland			toc. CITY,	TOWN OR LOCA	Baltim	ore				10d. INSIDE CITY LIMITS? 1 X YES 2 1	40
FUNERAL	907 North Calhou					2121			12.00	USA		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2X		If yes, s	CENDENT OF HISPA pecify Cuben, Maxica S 2 X NO Specif	en, Puerto		a or No—		E — American India: k, White, atc. Black	n,
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	in (s	Give kind of wo	,	ION lost of working		wn Hon		IDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Thomas Free	eman				16. MOTHER'S NA	AME (First, I		Sumame)			
TO B	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural				ip Code)		
	The Ima D. McCoy  20s. METHOD OF DISPOSITION 1   Burlet 2 (X cremation 3   Rame 4   Donation 5   Other (Specify)	oval from Stata	20b. PLACE	ANDDATEOR	DISPOSITION /	t. Baltin Hame of Inc. 01/1	DAT	E 20c. LC	CATION -	- City or To		
	21. SIGNATURE OF EUNERAL SERVICE HO	- hour les	h	OTCINO	crema	tion Soci rederick	iety	of Mar	rylar	nd, I	nc.	
	23. PART i. Enter the diseases, or o shock, pr heart fellure.  iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Complications that ce List only one cause Arrny	thmia	10.	t enter the m						Approximatinterval Be Onset and Immed	tween Desth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR	ary A		y Dise	ease						
MEDICAL CI	PART II. Other aignificant condition	a contributing to dea	ath but not	reaulting in	the underlying	ng cauae given in	Part I.	24a. WAS AN PERFOR	RMED?	248	D. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	0
PHYSICIAN: MI	DID TOBACCO USE (	CONTRIBUTE T	O CAU	SE OF		YES NC		well			1 YES 2 N	0
SIC	EXAMINER?	HOSPITAL:	l/Outpetient		OTHER:	me 5 🗆 Residenca						
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJI (Month, Day, Y		26b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW	O YRULAI	CCURED		
	3 Suicide 6 Could not be determined	28s. PLACE OF IN building, stc.	JURY — At h (Specify)	ome, lerm, str	eet, fectory, offi	ce		ATION (Street or Town, Stete)		er or Rural	Route Number,	•
COMPLET	onel	CIAN: To the best of my									s) and manner as sta	Hed.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Bin	en	D		89203	3		10	TE SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WH Justin	Byrne, M	.D. C	EM 27) (Type, F	arylar	nd Gener	ral	Hospi	tal			

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

\_JAN 1 3 1995

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1	S	epi	23
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	1	王	1	2
	TO THE HOSPITAL OF LITERATURE PHYSICIAN: The law requires that the death certificate be executed within 2-	2	8	IMPORTANT: It is a marked, or Item 23 shows any injury, or other traumatic event, the
			_	

	FOR 1 - STATE REGISTRAR	STATE OF MA		RTMENT OF FICATE OF	HEALTH AND ME DEATH	NTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH	AY Y	3. TIME OF DEATH
	ABE GOLDS1  4. SOCIAL SECURITY NUMBER						7, 199	
	577-10-5913	1 🖾 M 2 🗆 F	AGE (In yrs. lest birthde	MONTHS DAYS	HOURS MIN.	Month, Day, Year) une 16, 1		BIRTHPLACE (State or For Country) Lithuania
œ	9e. FACILITY NAME (If not institution, give		1		OR LOCATION OF DEAT	Н	9c. COUNT	Y OF DEATH
DIRECTOR	Hebrew Home Of G	reater Wash	nington	Ro	ckville		Mon	tgomery
E	10e. STATE 10b. COUNT			ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland Mor	tgomery	R	ockville				1 YES 2 []
LONERAL	6121 Montrose Roa	ad		10	20852		10g. CITIZE	N OF WHAT COUNTRY? Δ
5	11. MARITAL STATUS	12. WAS DECEDENT E		13. WAS DE	CENDENT OF HISPANIC	ORIGIN? (Specify Yes		I. RACE American India
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [		If yes, s	pecify Cuban, Maxican, F S 2 X NO Specify:	varto Rican, etc.)		Black, White, atc.
ĺ		<u> </u>						Specifyhite
ŀ	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(Give kind o	'S USUAL OCCUPATI If work done during muse retired.)	ON ost of working	166. KIND OF BU	SINESS/INDUS	TRY
ļ	8th Grade	College (1-4 or 5+)	Electri	1.74 C 100 C 1		Elect	crical	
	17. FATHER'S NAME (First, Middle, Last)		PIOCETT	C.L.	18. MOTHER'S NAME			
	Samuel Goldsmith				Sarah (	Unknown)		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	O ADDRESS (Street	and Number or Rural Rout	Number, City or Tow	n, State, Zip Co	<sup>xde)</sup> 19
	Harold Goldsmith					ins Grant	:, Mil:	lsboro, DE
	20a. METHOD OF DISPOSITION  LXXBurlal 2 Cremetion 3 Ren	noval from State	20b. PLACE AND OAT cemetery, crematory of	other place)		OATE 20c. LO		
	4 Donation 5 Other (Specify)	CENSEE	Mount Leb		etery 1/9/			, Maryland
	+ Daniel (	Store	**	STEIN	HEBREW ME	MORIAL FU	JNERAL	HOME, INC.
	23. PART i. Enter the diseeses, or	complications that co	eused the feeth. Do	not enter the me	ARRULL SI,	NW, WASI	ILNGTO	N, DC 20012
ĺ	snock, or neart feiture.	List only one ceuse	on each line.	not enter the me	oue or dying, such s	s curdiec or reepi	ratory arres	interval Ba
	iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	. OCCL	USIVE	01/	4			Onaet and
ľ	resulting in destit)	DUE TO (OF	AS A CONSEQUENCE	OF):				3 27
5	Sequentially list conditions,	AFRIERI	OSCLER	otle (	CEREBRO	VASCULA	R DIS	SEASE 2 /L
	if any, leading to immediate cause. Enter UNDERLYING	C. GENER						VCA
	CAUSE (Diseese or injury that initiated events	DUE TO (OF	AS A CONSEQUENCE	OF):	1021030	LERUS	13	16/11
CERTIFICATION	resulting in death) LAST	d						
	PART ii. Other aignificent condition	na contributing to de	eth but not regulting	in the underlyin	G ceuse given in Per	t i. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FIN
1	PVD. ASP	RATION (	CHRONIC	-)		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CA
INC.			44.1			1 🗍 YES 2	Muo	OF DEATH?
						-		
THI SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	LACE OF OEATH (Check	only one)		
	1 TES 2 NO	1 Inpatient 2 EF	NOutpatient 3 DOA		ne 5 Rasidence 8			
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, 1		IJURY WO	JURY AT 28 DRK? YES 2 NO	d. DESCRIBE HOW II	NJURY OCCUR	RED
	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IN	IJURY — At home, farm			f. LOCATION (Street a	and Number or	Rural Bouda Number
	4 Homicide 6 Could not be determined	building, atc.	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	and manner or	riores rioute trainion,
	29a. CERTIFIER Check only	ICIAN: To the best of my	knowledge, death occu	rred at the time, date	and place, and due to t	he cause(s) and man	mer so stated	
								ause(a) and manner as sta
	290. AIGNATURE AND TITLE OF CERTIFIE		7		29c. LICENSE NUMBE			IGAED (Monty!, Day, Year)
	X teron	Lyp	Don	MD	D 058	785	1/	9/95
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE O	OF DEATH (ITEM 27) (Typ		1/- 1	- U - U - U - U - U - U - U - U - U - U		1
	SICVEN	4175	OIV, 6	12/1	NONTRO	SERL	), K	ockVILLE
	JAN J 1995	32 REGISTRAR'S	GNATURE				,	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA			3. TIME OF DEAT	Н
1	Jeffrey	Edward		GUBE	ER	Januar	y 10 1	995	11:30	Ам
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTH	IPLACE (State or Fo	
	. 024-48-4895	1 💢 M 2 🗌 F	38 YRS.	MONTHS DAYS	HOURS MIN.	July 13,	ar) 1956	Macc	achusetts	
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF D			UNTY OF D		
DIRECTOR	Franklin Square Ho	spital Cent	ter		ville			timor		
Ü	10e, STATE 10b, COUNTY			TY, TOWN OR LOCA	TION				10d. INSIDE CITY	
븝	Maryland			Joppatow	ne				LIMITS?	NO
7	10e. STREET AND NUMBER				I. ZIP CODE		10g. Cl	TIZEN OF V	WHAT COUNTRY?	
ER/	7 01d Sound Road				21085		Un	ited	States	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	y Yaa or No-	14. RACE	E — American India	in,
BY FUNERAL	1 Never Married 2 🔀 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE			S 2 X NO Specific		2.)	Speci	White	
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND O	F BUSINESS/IN	IDUSTRY		
ᇤ	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5+)	- (Give kind of life. Do NOT u	work done during m ise retired.)	ost of working					
릴		2	Cellul	ar Phone	es	Se1	f Empl	oved		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M.				
BE C	William Gubber				Anita	West				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City of	r Town, State, Z	Ip Code)		
임	Mrs. Holly I. Gul	ober		Same as	#10					
	20s. METHOD OF DISPOSITION		06. PLACE AND DATE		ame of	DATE 20	c. LOCATION -	- City or To	wn, Stata	
	1 X Buriel 2 Cremetion 3 Remo	vat from State	emetery, crematory or a	eview	1/1	3/95	Elders	hura.	Marylar	hd
	21. SIGNATURE OF FUNERAL SERVICE LICE	Paul L. Ha	artsock. Jr	22. NAME A	ND ADDRESS OF FA	CILITY Balt	imore,	Mar	vland 2	1214
	De found & Ala	til								
	23. PART I. Enter the diseasea, or co	mollester for some	and the death De	Leona	ard J. Ru	ick. Inc.	5305	Har		
	ahock, or heart fallure. L	ist only one cause on	each line.	not enter the m	ode or dying, auc	h aa cardiac or i	respiratory a	rreat,	Approxima interval Ba	
	IMMEDIATE CAUSE (Final disease or condition	_	_						Onset and	Death
	reaulting in death)	•	racerebra		rhage				32 ½ 1	nour
		DOE TO (OR AS	A CONSEQUENCE C	r);						
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE O	IF):						
Ä	If any, leading to immediate cause. Enter UNDERLYING		Hypertens						į	
표	CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O						1	
臣	reaulting in death) LAST									
2										
DICAL	PART II. Other aignificant conditions	contributing to death	but not reaulting	In the underlyin	g cause given in		S AN AUTOPSY RFORMED?	246.	WERE AUTOPSY FIN AMAILABLE PRIOR 1	ro
ă		<u> </u>				1 🗆 YI	ES 2X NO		OF DEATH?	AUSE
E I		<u> </u>						- 1	1 - YES 2 - N	10
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH Y	ES 🗌 NO 🛭	UNCERTAI	R.V.				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only one,						
YS		X Inpetient 2 ☐ ER/O			na 5 🗆 Residenca	6 Other (Specify	}			
표	27. MANNER OF DEATH  1  Netural 5 Pending	28a. DATE OF INJUR' (Month, Day, Year		JURY W	JURY AT ORK?	28d. DESCRIBE H	OW INJURY O	CCURED		
E I	2 Accident Investigation				YES 2 NO					
ED	3 Suicide â Could not be 4 Homicide datermined	28e. PLACE OF INJU building, atc. (Sp	RY — At home, term, pecify)	atreet, lactory, offic	a	28f. LOCATION (S City or Town,		er or Rural R	Route Number,	
N	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kno	wiedge, death occur	ed at the time date	and place, and due	to the cause(s) so	( manner en et	elad		
陰川	anal	: On the beals of examinat							) and menner on st	ated.
3/	29b. SIGNATURE AND TITLE OF CERTIFIER									
BECOMPL	martin 1	then			RD 01				(Month, Day, Year)	005
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF	SATH OTEN OF CT	Print)	10 01	, 0,	J	anuar	y 10, 19	990
	Martin Roberts M	D. 9000 Fra	nklin Squ		ve, Balt	imore, M	arylan	d 212	237	
	31. DAT AN MONTES 1995	20 all the state of the state o	avelull,							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per befined with the State Dept. of Health and Mental Mygene prior to bunal, cremation, or removal.

	FOR STATE REGISTRAR		STATE OF M		D / DEPAI CERTIF					MENT	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Midd	lie, Last)	Catheri	ne Mar	y Gaga	alski				MO	TE OF DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-09-2177		5. SEX 1  M 2 X F	6. AGE (In yr. 78	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7, DA	TE OF BIRTH OWN, Day, Year) . 2/07/19		8. BIRTI Count	HPLACE (State or Foreign aryland
8	90. FACILITY NAME (If not instituted to the control of the control	Place		917			, town o		ON OF O	EATH			NTY OF C	
DIRECTOR	RESIDENCE OF DECEDE  10a. STATE 10b.	COUNTY			10c. Cf	ry, town (	OR LOCAT	ION						10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Baltimo	re						ında	ılk			LIMITS? 1 - YES 2 D NO
RA	101 Centre	r Place	a Ant 9	12 91	l 7		101	. ZIP COO	212	222				what country? ed States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S	NO NO		If yes, sp		OF HISPAN	NIC ORI	GIN? (Specify Yes to Ricen, etc.)		14. RAC	E — American Indian, k, White, atc.
	15. DECEDEN	T'S EDUC	ATION	18a	. DECEDENT'S	USUAL O	CCUPATIO	ON		1	16b. KIND OF BUS	INESS/IN	OUSTRY	
Ē	(Specify only high Elementary/Secondary (0-12)	esi grade c	College (1-4 or 5	+)	(Give kind of life, Do NOT u	work done se retired.)	during mo	st of working	ng					
MP.	6 Years				Sea.	ler					Assemb	ly I	ine	
COMPLETED	17. FATHER'S NAME (First, Middle,	. ,			_						st, Middle, Maiden			
BE	Joseph Gagal:		:·								melius			
TO BE		nnt)									umber, City or Town		2122	01
	Gary Samuels			20b. PLA	CE AND DATE				id I					own, State
S I	1- Burial 2 Cremelion 3 4 Donellon 5 Other (Spec	ify)		Cak	, crematory or Lawn	ceme)	tery	, 1	/11/	195			re,	
medical examiner must be	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222													
CACHIL, LIE	23. PART I. Enter the disease shock, or heart if IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	es, or co leliure. L	DUE TO	OR AS A COI	Ilne.	ic C					ardiac or respir		rest,	Approximete interval Between Onset and Desth
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST	c.	OUE TO	(OR AS A CO	NSEOUENCE C	PF):								
MEDICAL	PART II. Other algorificant co	dia	m			_				_	24a. WAS AN PERFORI		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
AN:	DID TOBACCO USE C	_	IBUTE TO CA					UNC	ERTAI	ИП				
SICI	EXAMINER?	-	HOSPITAL:		LACE OF DEA	OTHER	<b>1</b> :	يسياء .	ald	• 🗆 -	ther (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	ng	28a. DATE OF (Month, D	INJURY	28b. TIR		28c. INJ	_			DESCRIBE HOW IN	JURY OC	CURED	
red BY	2 Accident invest 3 Suicide 6 Could 4 Homicide datam		28s. PLACE O building,	F INJURY — A alc. (Specify)	t home, lerm,	atreet, lect				281. L	OCATION (Street at Ity or Town, State)	nd Number	r or Rural I	Route Number,
COMPLETED	opel		IAN: To the beat of											i) end manner as stated.
E H	29b. SIGNATURE AND TITLE OF C	-	movan						T6		>			(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERS	SON WHO	9	SE OF DEATH		Print)	7	DuN	DAL	K	AVE	BAL	TO Y	nd 21222
	31. DATE FILED (Month, Day, Year)		32. REGISTRA	R'S SIGNATUR			-							
_ 3	Man 13	1995	Julia	Davides	-Randall									

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JAN 1 3 1995

4 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH BLANCHE LEONA HENRY 09 95 IAN :43P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DEC.12, 1954 213-60-7463 40 MARYLAND DAYS HOURS 1 M 2 XX Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 261 SOUTH n/a DALLAS COURT BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE Y LIMITE: n/a permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 261 DALLAS COURT UNITED STATES be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO hospital or attending physician. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify/Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1) Never Married 2 Merried If yes, specify Cube

1 YES 2 NO BY 3 Widowed 4 Divorced Specify: Specify: BLACK ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY UNIVERSITY of MARYLAND dary (0-12) College (1-4 or 5+) COMPL YRS. LABORER HOSPITAL once. 17. FATHER'S NAME (First, Middle, Last) the 18. MOTNER'S NAME (First, Middle, Maiden Sumame) LEON HENRY manifest by t H ADELLA GREEN BE **Delilled** pluone 5 squal 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARRITTE LOWERY ABERDEEN AVENUE, BALTIMORE, MARYLAND 21206 Page 6 may be 2 20s. METHOD OF DISPOSITION 1 D Burlat 2 X Xremation 3 D Re 20c. LOCATION - City or Town, State JOH PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, GREENMOUNT (ace) CEMETERY 4 Donation 5 C Other (Specify) 1 - 17BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. oy the to ence WM. C. MARCH FH.-1101 E. NORTH AVENUE medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by Approximata shock, or heart fellure. List only one cause on each line. interval Between 8 IMMEDIATE CAUSE (Final Onset and Death disease or condition cremation, the state SERSIS i death certificate be executed within a attending physician and completely femal Hygiene prior to burla, creman reaulting in death) traumatic event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): MULTIPLE MICRO-ABSCESSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING INTRAVENOUS DRUG ABUSE other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 n signed by the attend Health and Mental H requires that the death injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 TYES 2 NO been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. YSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate t HOSPITAL OTHER: 1XXES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Nome Seldence 8 - Other (Specify) 0 23. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this with PH 1 XXNatural after death wil м 1 YES 2 NO 1E.03 Accident After 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / 4 Nomicide determined Щ item COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) end menner ee stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HOURS HOUSE THE FILED HOSPITAL 2 X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TAPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 O.C.M.E. wate m) JAN. 10/95 9 30. NAME AND ADDRESS OF PERSON WNO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

\* . .

		YRTLE		H	DWA	ARD		2. DATE OF C	DEATH DAY	VEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 231 - 20-01	5. SEX	6. AG	E (In yrs. lest birthday,	_		ER 24 HRS.	7. DATE OF B (Month, Day		8. BIRT	HPLACE (Stote or Foreign		
CTOR	1NNS of EVE	on, give street and numb				TOWN OR LOCAT				OUNTY OF E			
DIRECT	RESIDENCE OF DECEDE 100. STATE 100.	. COUNTY		10c, CI	TY, TOWN OF Bal	timore	2				10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 2525 W.	BELVEDE	ERE	AVE		101. ZIP CO	2/5	5	10g. C	U.S	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 G Never Merried 2 Marri 3 Widowed 4 Divorced	FORCES	CEDENT EVER		H H		OF HISPAN	IIC ORIGIN? (S <sub>i</sub>	pecify Yes or No—	Biac	E - American Indien, ck, White, etc.		
APLETED		(Specify only highest grade completed)					86. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.)  Housekeeper						
BE COMP	17. FATHER'S NAME (First, Middle, George Wa			I	eno	ra	e, Melden Surname						
TO	190. INFORMANT'S NAME (Type/Pr Charles I	Charles Dorsey						enue l		,MD.	21216		
	20a. METHOD OF DISPOSITION 1		nte 2	Ob. PLACE AND DATE	other piece	metery	7 01,	0ATE 5	Land:	- City or T	ne, MD.		
	21. SIGNATURE OF FUNERAL SEP	RVICE LICENSEE	1 0	FSP #28		L. Phi					N.Monro		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			Sessi									
RTIFICATION		<b>S</b>	DUE TO (OR AS	S A CONSEQUENCE	OF):								
MEDICAL CE	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	OUE TO (OR AS	B A CONSEQUENCE	OF):	derlying cause	given in		. WAS AN AUTOPS PERFORMED? YES 2 \( \) NO	Y 244	b. WERE AUTOPSY FRIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?		
MEDICAL CE	Sequentially list conditions, it sny, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of EXAMINER?	d	DUE TO (OR AS	B A CONSEQUENCE	OF):  OF):  OTHER	26. PLACE OF	DEATH (Chi	eck only one)	PERFORMED? YES 2 NO	Y 241	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
PHYSICIAN: MEDICAL CE	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pendi	d	DUE TO (OR AS	B A CONSEQUENCE  B A CONSEQUENCE  B but not resulting  utpatient 3 □ DOA  Y 28b. Ti	OF):  OF):  OTHER 4 Number	26. PLACE OF	DEATH (Chi	eck only one) 6 Other (Sp	PERFORMED? YES 2 NO		b. WERE AUTOPSY FINI AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?		
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pendi Invest 3 Suicide 8 Could	d	DUE TO (OR AS	B A CONSEQUENCE  B A CONSEQUENCE  B but not resulting  utpatient 3 □ DOA  Y  28b. Ti  f)	OF):  OF):  OTHER 4 Nursi	26. PLACE OF: :ing Home 5 1 1 28c. INJURY AT WORK? 1 YES 2	DEATH (Chi	ack only one) 6 Other (Sp. 28d. DESCRIE	PERFORMED?  YES 2 NO	DOCCURED	b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO		
LETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, it sny, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other sphilicant companions of the conditions	d	Ing to death  AL:  nt 2 ER/On  ATE OF INJUR  LACE O	B A CONSEQUENCE  B A CONSEQUENCE  B but not resulting  utpetient 3 DOA  Y 28b. Ti y)  RY — At home, farm  pecify)	OF):  OF):  OTHER 4 Nursi	26. PLACE OF: ing Home 5	DEATH (Chi	eck only one)  6 Other (Sp 28d. DESCRIE  28t. LOCATIO City or To	PERFORMED?  YES 2 NO  ecity)  BE HOW INJURY (  N (Street and Number, Stets)	DOCCURED  ber or Rural stated.	1 YES 2 NO		
D BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, it sny, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other sphilicant companions of the conditions	DICAL HOSPIT/1   Inpetie	Ing to death  AL:  nt 2 ER/O  ATE OF INJUR  LACE OF	B A CONSEQUENCE  B A CONSEQUENCE  B but not resulting  utpetient 3 DOA  Y 28b. Ti y)  RY — At home, farm  pecify)	OTHER  4 Nurse  ME OF  JUNY  MI  Street, fector	26. PLACE OF: : Ing Home 5   1 28c. INJURY AT WORK? 1   YES 2 rry, office me, date and place	DEATH (Chi	1 [ ] sck only one) 6 Other (Sp. 284. DESCRIE 284. LOCATIO City or To	PERFORMED?  YES 2 NO  ec/ly)  BE HOW INJURY (  N (Street and Numiny, Stete)  and manner ee a place, end due to	DOCCURED ber or Rural stated.	b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		

T) i i THE LA STANL The forest controlled within the forest fore TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law required in TO THE FUNERAL DIRECTOR. After this certificate has been signed be filed within 72 hours after death with the State Dept. of Head an IMPORTANT: If Item 28 is marked, or Item 23 shown and

fit, traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF MARY	CERTIF					MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Henry H	ANST					2. DATE OF DEATH DO		95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Morith, Day, Year)	<u></u>	6. BIRTH	IPLACE (State or Foreign
	212-32-8104	1 M 2 D F	( YRS.	MONTHS	DAYS	HOURS	MIN.	(MORRII, Day, Idar)		MAR	YLAND
~	9e. FACILITY NAME (If not institution, give str	11 7		_ ^		R LOCATIO		ATH	9c. COL	INTY OF O	ÉATH
TO.	RESIDENCE OF DECEDENT	ld Irail		B.	967	1101	2E		BA	LTIT	10RE
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWH (	OR LOCAT	ION					tod. INSIDE CITY
	MARYLAND BA	LTIMORE	B	9LT1	MOR	E					LIMITS?
FUNERAL	366 Old T	rail			tot	ZIP CODE	12		10g. CIT	US A	VHAT COUNTRY?
BY FUN						n, Puerto Ricen, etc.)	or No—	14. RACE Black Speci	American Indian, k, White, etc.		
ED	15. OECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KINO OF BUS	SINESS/IN	OUSTRY	VOTIFIC
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Newspage	nork done se retired.)	DPY	Edi-	for	News	opei	- B	usiness
0	17. FATHER'S NAME (First, Middle, Last)	11				16. MOTH	IER'S NAI	ME (First, Middle, Maiden	Surname)	1	
BE	George H	HANS	- 1				LL)	Y JOHN	50 N		
2	190. INFORMANT'S NAME (Type/Print)  TONATHAN	HANST	366	ADDRESS	S (Street e	Trai	or Rural F	BALTIMO	R. State, Zi		21212
	20e. METHOD OF DISPOSITION  1		metery, crematory or o		1 0	me of		DATE 200. LO		City or To	MARVLANO
	21. SIGNATURE OF FUNERAL SERVICE LICE	forcum to	unent Sen	22.	NAME AN	D ADDRES	OCH	SHIEL			
_	book to the	Stat Stat	eAnat Bd		BAL	T, I	nn	21234			
	23. PART 1. Enter the diseases, proceedings of the control of the	A WAPLA	eech line.  A CONSEQUENCE OF	STR	the mod	de of dyl	MA	h ee cardlec or respi	ratory er	rest,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	· F):							
ICAL	PART II. Other significent conditions	contributing to deeth	but not resulting	in the un	derlying	ceuse g	iven in i	DEDECOR	MEDO	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
20								1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Ä								_   ' '			1 - YES 2 (NO
PHYSICIAN: MED	DID TOBACCO USE CONTR	IBUTE TO CAUSE (				UNC	ERTAIN	1 🗆 📗			/
Sic	EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER	<b>1</b> :	44					
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY			28c. INJU		sidence	8 Other (Specify)  28d: DESCRIBE HOW II	LIURY OC	CURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY M	1 🗌 Y	RK?	NO				
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, ferm, a	itreet, fact	ory, office	)		28f. LOCATION (Street e City or Yown, State)	nd Numbe	r or Rural F	loute Number,
	29e. CERTIFIER 1 CERTIFYING PHYSICA	IAN: To the heat of my know	uladas daeth assum	4 4 4 4	lana data	io will		ASM ESS II. AND		SC.C	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER										) end manner ee stated.
BE	296. SHOPATURE AND TATLE OF CONTIFIER	man. H	0				NSE NUM				(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type.	Print)	PKIA)	(1)	ALCA	1012 (8	nlow	10/1	KTIMOREMO
	31. DATE FILED (Month, Day, Year)	32. RESISTRARY SIG	NATURE COLL	I UF	700		VI	woj ce	VILIC		

Mark Market State of the Committee of th

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a now safer death. Page 6 may be retained by the hospital or min	OF LATE FUNEE/RAL DIRECTOR. After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the funeral director, page 5 should be detached for use the funeral director.	De med within 72 nous arter deam with the State Dept. Or reading and wentar hydrere prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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DR HIRVARA

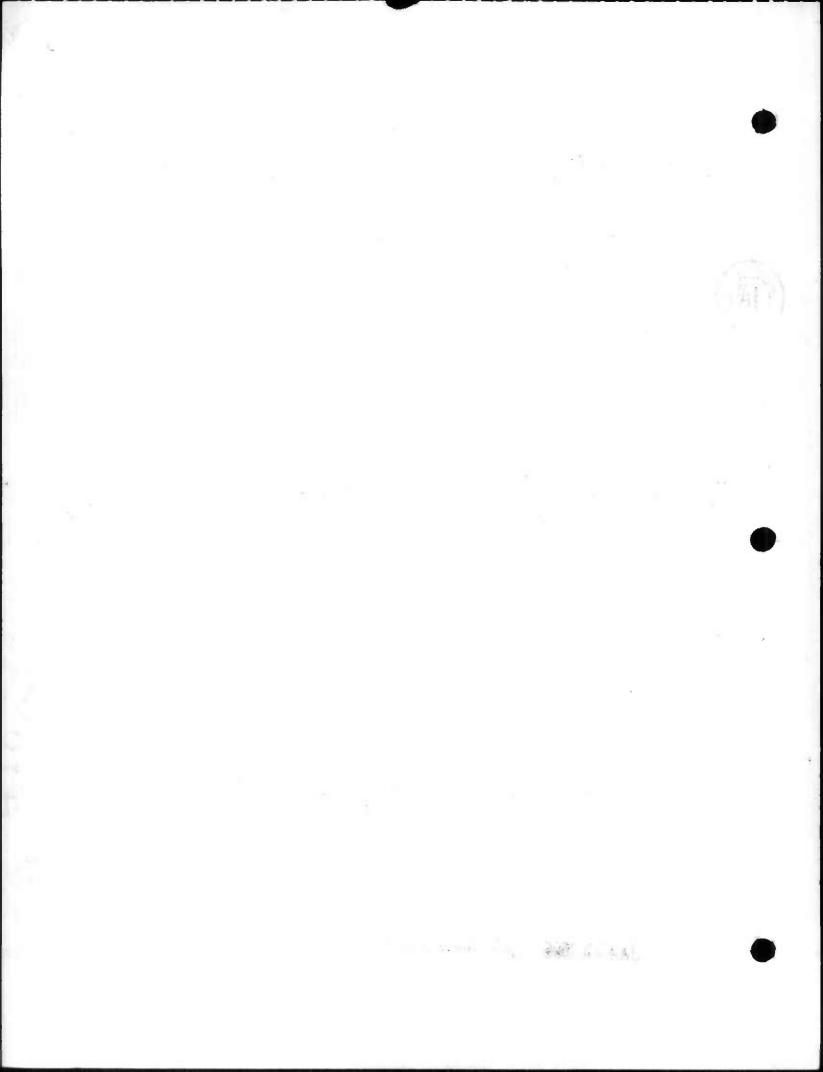
	FOR  1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR ERTIF	TMEN	T OF H	IEALTH DE AT	AND I	MENTAL	HYGIEN				
No.	1. DECEDENT'S NAME (First, Middle, Last)  James		Hase		10/11		DLAI		2. DATE (	OF DEATH	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>95</b>	3. TIME OF DE 2:55	ATH A
	0.1.0	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.		Day, Year)	905		HPLACE (State or	Foreign
TOR	98. FACILITY NAME (If not institution, give streem of the		Hospit	al	9b, CIT		lti:		ATH		9c. CO	UNTY OF D	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY  Maryland na		-			or locat							10d. INSIDE CI'LIMITS?	
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 2123 Light Street 21230													
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 P		13.	If yes, sp	ENDENT O	n, Maxica	n, Puerlo Ri	(Specify Ya	s or No-	Black	E — American inc k, Whita, atc. "Y" White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY													
ш														
TO B														
	20b. PLACE AND DATE OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) n state removal  21. SIGNATURE OF FUNERAL SERVICE LICENSE Ronald Wade, Dir  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSE Ronald Wade, Dir  22. NAME AND ADDRESS OF FACILITY State Anatomy Board													
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Sears	1		6	55W	.Bal	tim	ore	St,B	alto	, MD	Board 21201	i
-	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	O DUE TO (	B L C	eden	4				n se cerdi	ac or resp	iratory s	rrest,	Approxir Interval Onset as Unkr	Bstween nd Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	Car	OR AS A CONSEC	(	en	yth	m; a							
CERTIFICATION	c. c. c. c. c. c. c. c. c. c. c. c. c. c	DUE TO (	OR AS A CONSEC	DUENCE OF	7):									
	PART II. Other significant conditions	contributing to c	death but not r	esulting i	n the ur	nderlylng	ceuse g	iven in i		24a. WAS AN PERFOR	RMED?	24b.	. WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?	R TO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI	BUTE TO CAL					UNC	ERTAIN	10				1   YES 2	NO
IYSICI	EXAMINER?	IOSPITAL:	ER/Outpetlant 3		OTHER	R: rsing Hom		aldenca (	6 🗆 Other					
BY PI	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	y, Year)		M	1 🗆 1	RK? 'ES 2	NO		RIBE HOW I				
ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At horacter (Specify)	me, farm, s	treet, fac	tory, offici				TON (Street li Town, State)		or or Rural F	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 X CERTIFYING PHYSICIA MEDICAL EXAMINER:												) and manner sa	atated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE						10 DATE SIGNED (Month, Day, Year)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R. HIRVARA. 827 Linder are Baltman MD

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed withy proving after death. Page 6 may be retained by the hospital or attending physician.	DINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit phours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
13146,	executed within	n and completely to burial, cremat
P.O. BOX	ath certificate be	tending physician al Hygiene prior t
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the dea	DENECTOR: After this certificate has been signed by the attending physician and completely filled in by the fin hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
OF VITAL	PHYSICIAN: The law	his certificate has i
NOISIN	OR ATTENDING P	DENECTOR: After thours after death

permit. Pages 1, 2, 3 should

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Injury, or

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28

DENECTOR: After the hours after death v

D THE WISHTAL O THE PUNERAL DO DO GOOD WISH TO NO IMPONTANT: II IN

MEDICAL

PHYSICIAN:

BY

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH vel 055.4M B. BIRTHIPLACE (State or Foreign ND 4. SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH JF UNDER 1 YEAR IF UNDER 24 HRS. 1203467 HOTIMIRE 1 M 2 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANOR CARE, ACTIMORE DIRECTOR ITIMOCA 10e. STATE 10b. COUNTY INC. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Ruxton 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 7001 Charles Street Ruxton 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2500 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES ♣️②NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced while COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe ntery/Se 12 Bookeeper Umbrella Mfgr. 17. FATHER'S NAME (First Mickella Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Gertrude Appleby Edward E. Harp BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beverly J. Stiars 204 E. Joppa Road Apt 1115 Balto., MD 2120 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20a. METHOD OF DISPOSITION
1 

Burlal 2 □ Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State Dulaney Valley Mem Gd 1/13 Cockeysville, 4 Donation 8 Other (Specify). 22. NAME AND ADDRESS OF FACILITY
Burgee-Henss Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3631 Falls Rd Baltimore, MD 21211 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert fellure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final robse disease or condition resulting in death) ears DUE TO (OR AS A CONSEQUENCE OF): OSCLEROSIS. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. EUMONIA

24b. WERE ANOPSY FINDINGS AMILY LE PRIOR TO COMPLETION OF CAUSE OF TATUS 24a. WAS AN AUTOPSY 1 YES 2 NO

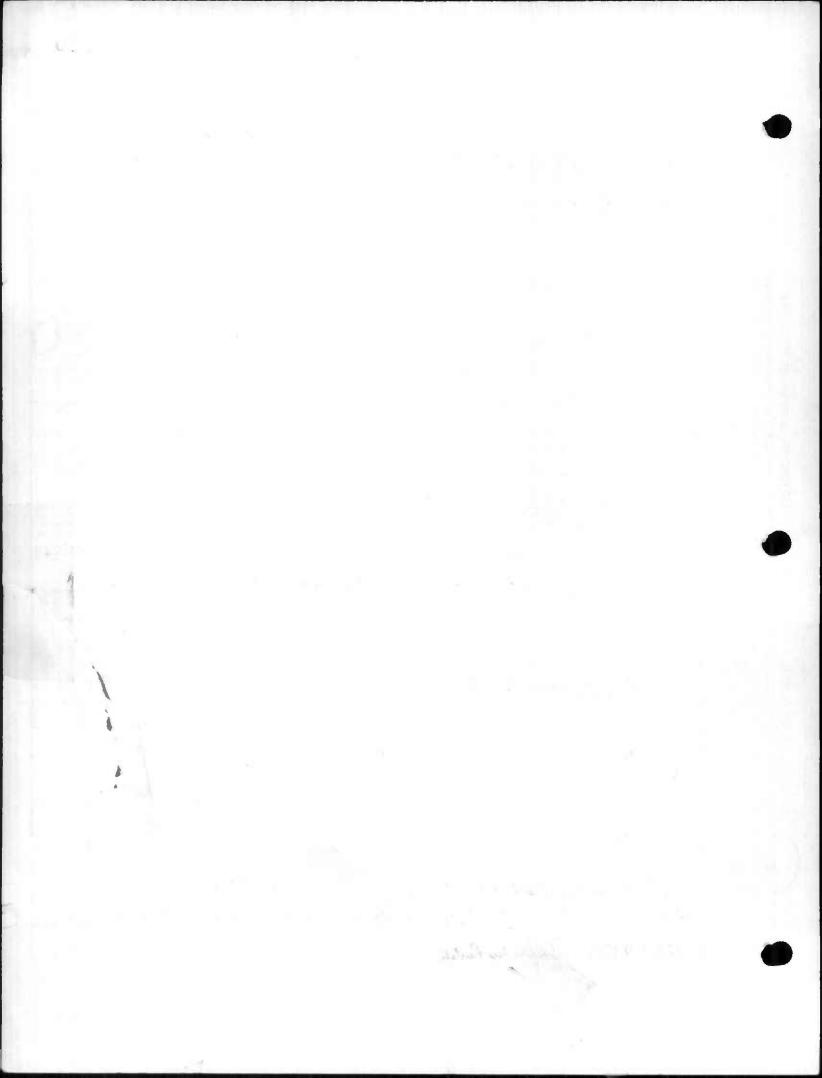
WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)								
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 N	nce 8 Other (Specify)							
MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. DESCRIBE HOW INJURY OCCURED  A  28f. LOCATION (Street and Number or Rural Route Number, City of Town, State)							
3 Suicide S Could not be determined	28e. PLACE OF INJURY — At I building, atc. (Specify)	nome, farm, street, fa								

29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner ee stated.

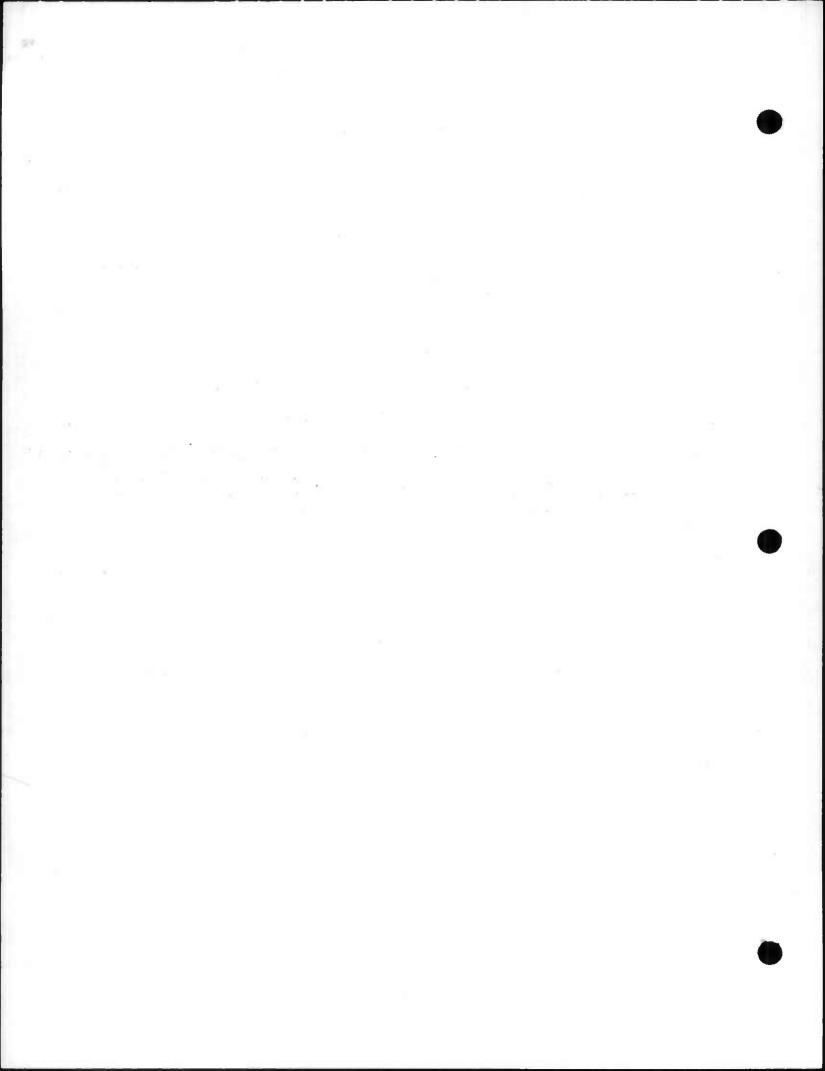
296. SIGNATURE AND TITLE OF CERTIFIER	dimo	20c, LICENSE NUMBER D-12849	29d. DATE SIGNED (Month, Day, New)    - // - 95
TO NAME AND ADDRESS OF DEDSON WHO COM	DI ETED CALIFE OF DEATH STEM AT CT.	- B-(-4)	

7600 OSLER Dr. Tonson Md. 21204 31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89



		1 - FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND F DEATH	MENT	AL HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	Lanny N.	Hoyle	$S_n$ .			TE OF DEATH DA	1995	YEAR	TIME OF DEATH
2		212 42 3086	8. AGE (In y	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DAT	E OF BIRTH	8.	BIRTHPLA	Canolina
2, 3 should	10R	90. FACILITY NAME (II not institution, give across  North Arundel Ho			96. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Arui	Н
Pages 1,	DIRECTOR	104. STATE 10b. COUNTY  Maryland ====			y, town on Loc						1. INSIDE CITY LIMITS?
020 physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 4218 Curtis Aven		1 00		101. ZIP CODE 2/226			_		YES 2 NO
215-0020 attending physician. se as the burial-tran	BY FUN		2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	≥ NO	If yea,	ECENDENT OF HISP specify Cuban, Maxi ES 2 NO Spec	can, Puert	SIN? (Specify Yea to Rican, etc.)			American Indian, hita, atc.
5		15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	a. DECEDENT'S (Give kind of a	USUAL OCCUPATI work done during r	TION most of working	10	6b. KIND OF BUS	INESS/INDUS		White
RYLAND 21 ed by the hospital o uld be detached for ed at once.	COMPLETED	Elementary/Secondary (0-12) / 2 th  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Truck	Driver		IAME (First	t, Middle, Malden S	Sumame)		
RYL ed by	BE	19a. INFORMANT'S NAME (Type/Print)	Plais P. Hoy		ADDRESS (Street	t and Number or Run	era	M. Han	vey	ode)	
E, be	10	Vera Lowe  20a. METHOD OF DISPOSITION 1 12 Burlal 2 Cremation 3 Remove	20b.PL	7987 /	Volpark DEDISPOSITION	Court A	ot. 2	203 GL	en Bun	nie,	Md.21061
BALTIMORE, et death. Page 6 may be the funeral director, page rail.		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	9Le	n Have	n Memor	ial Park  AND ADDRESS OF 1901	ACILITY TO	10 Gle Funeral	n Bur. Home.	nie, P.A.	Maryland
nours after dead in by the fur or removal.	$\dashv$	23. PART I. Enter the diseases, or campilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate									
in 24 h ely fille ration,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Septie	. (	hoe	le.					intsrval Batween Onset and Daath
P 2 2 3	NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
BOX 68 ificate be execution physician and control buriant the prior to buriant the traumatic	CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO								
RDS, P.O. the death cert of the attending of Mental Hygie		PART II Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. W									
L # 0 # >	MEDICAL	Herte Chal	ey Milis	~	n the underlyi	PERFORI				COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
AL RECO		DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL		EATH YE			IN Ó			10	YES 2 NO
는 등 등 등	PHYSICIAN:	EXAMINER?  1 YES 2 NO 1	OSPITAL:		OTHER:	me 5 🗆 Rasidence	6 🗆 Ott	her (Specify)			
NOF VI NG PHYSICIAN: ther this certifical eath with the St marked, or It	ВУ РН	27. MANNER OF DEATH  1	26a. DATE OF INJURY (Month, Day, Year)		M 1	IJURY AT /ORK?   YES 2   NO	26d. Di	EŞCRIBE HOW IN	JURY OCCUR	ED	
DIVISION OF ATTENDING F OVERTICAL After the state of the	ETED	3 Suicide B Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — A building, atc. (Specify)				Cit	CATION (Street and y or Town, State)		Rural Route	Number,
	COMPL		N: To the best of my knowledge On the basis of examination and							ause(a) and	manner as stated.
6 6 8 <b>2</b> 1 1 2 3 4 1 2 3 4 1 3 4 1 3 4 1 4 5 6 1 5 6 1 6 7 6 1 7 7 7 8 1 7 8 7 8 1 7 8 7 8 1 8 7 8 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7 8 1 8 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	y Alten	dup	Doctor	29c. LICENSE NO	MBER 216	84	29d. DATE SI	TS-	nth, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WHO C	, 1600 CRF	ALN 18	WY, #	(06, G	LRS	VBURN	16, M	D 2 18	06/.
		JAN I 3 1995 July	34 REGISTRAPIS SIGNATU	5							



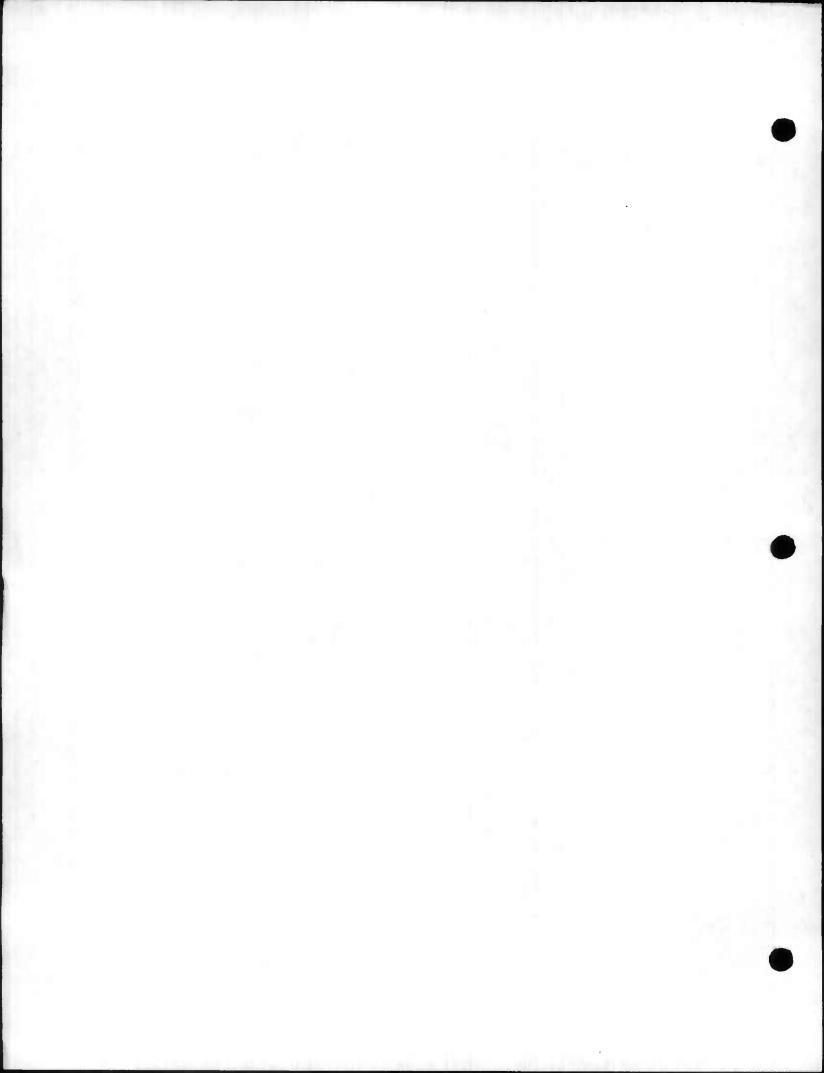
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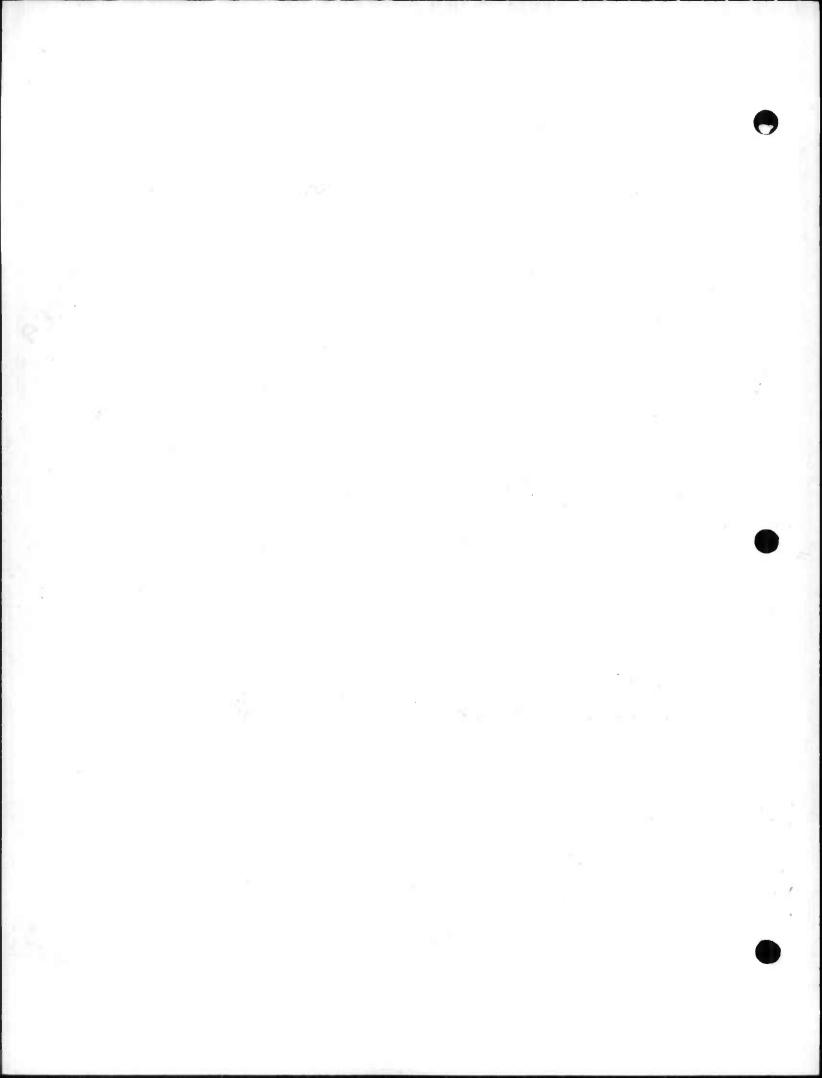
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	Ruth S. Hamilton			,	Jan.10,				
	066-40-8575 1□M 25□F	83 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 3, 19	11 Pe	THPLACE (State or Foreign Innsylvan)		
OR	9e. FACILITY NAME (if not institution, give street end number)  Country Home Ltd.		96. CITY, TOWN	OR LOCATION OF DE	НТА	ac. COUNTY OF	Arundel		
DIRECTOR	10a. STATE 10b. COUNTY Anne Arundel		Y, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?		
	10. STREET AND NUMBER 4432 Indigo Lane		1	01. ZIP CODE 20776		10g. CITIZEN OF	I 1 52 YES 2 □ NO F WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	2 NO If yes, specify Cuben, Mexicen,			81	ACE — American Indian, ack, White, etc.		
CD.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLET	Elementery/Secondary (0-12) College (1-4 or 5+) 1 2 4	Homema	ne retired.)	nost or working	Own	Home			
l w l	17. FATHER'S NAME (First, Middle, Last) Arthur Staples				ME (First, Middle, Meiden be Apple				
10 B	19e, INFORMANT'S NAME (Type/Print)				Toute Number, City or Tow		0776		
-	James B. Hamilton Jr.				Harwood	•			
		20b. PLACE AND DATE Cometery, cremetery or of Metro Cr	nd Date of Disposition (Name of Date Date Date)  Cremaotry  1/12 Baltimore, MD						
	21. SIGNATURE OF FUNERAL/SERVICE LICENSEE	1	22. NAME / Hard	and address of fallesty Fu	neral Ho Ave. Ann				
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF	P): P):	erebra	dise	ase)	interval Bet Onset and f		
SICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1   YES 2   NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO    25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one)  1   OTHER: 1   O								
ву Рну	27. MANNER OF DEATH  Netural 5 Pending Investigation  Accident (Month, Day, Yee	RY 28b. TIME	M 1	JURY AT ORK? YES 2 NO	6 ☐ Other (Specify)  28d. DEŞCRIBE HOW I	NJURY OCCURED			
ETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								
D BE COMPLE	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my king one)  MEDICAL EXAMINER: On the basis of exeminations of exeminating the control of the basis of exeminating the control of the contro						e(s) end manner es stat		
TO BE C	296. SIGMATURE AND TITLE OF CERTIFIED TO THE	mD		29-PICENZE MAR	3/04	11	ED (Menth, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLS OF Peter R. Graze, MD	900 Bes	tgate	Road, A	nnapolis	,MD 21	401		
	31. DATE FILED (Marth Say, Year) JAN 1 1995 July a daudier	IGNATURE RONALL		<del></del>					



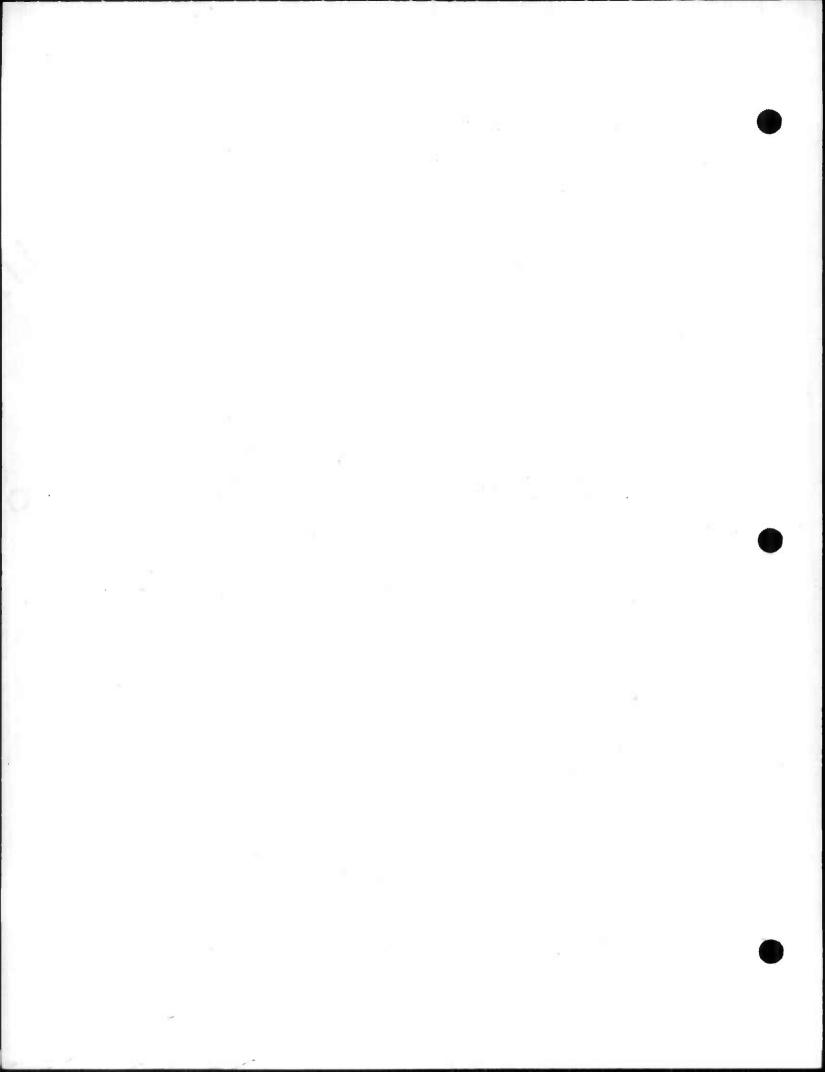
i hospital or attending physician. Another for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	WE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det
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FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF D	
DECEDENT'S NAME (First, Middle, Last)  JOHN	JENNINGS	2. DATE OF DEATH
JOHN	O EMMTINGS	JANUARY 8,

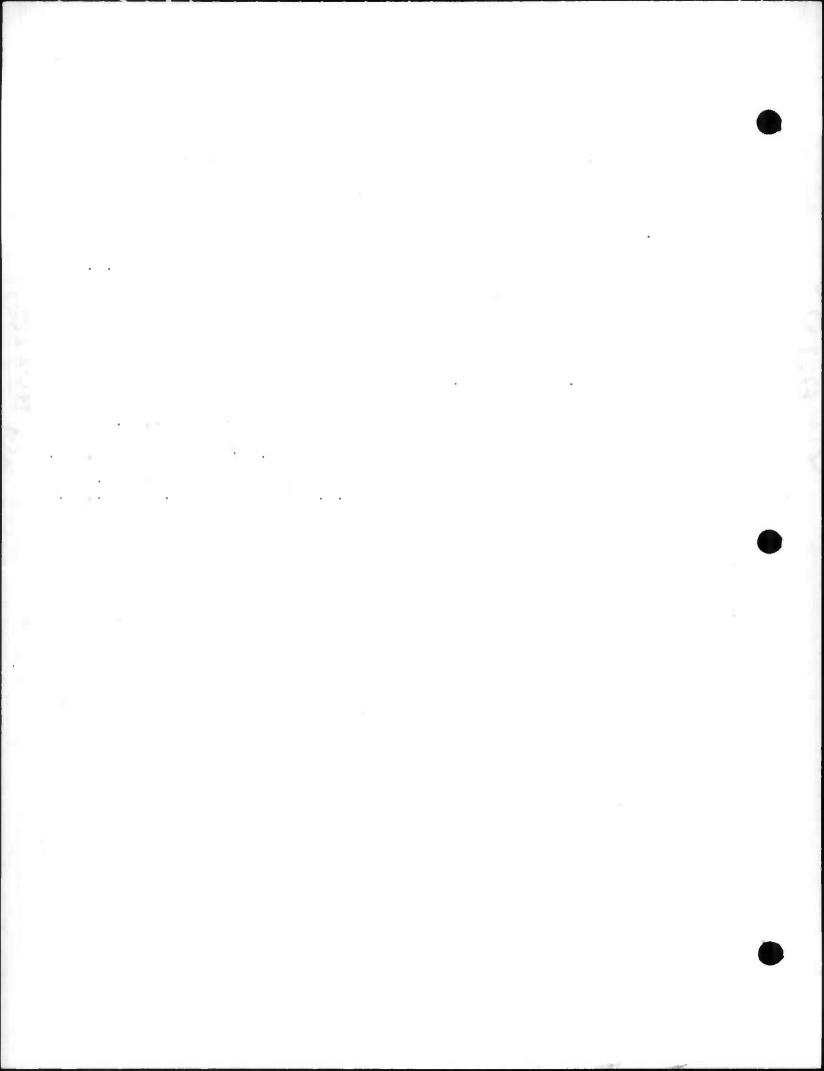
	1. DECEDENT'S NAME (First	, Middle, Last)		NINGS						2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
	JOHN 4. SOCIAL SECURITY NUMBER						JANUARY 8, 1995						
	213-01-7028	3	5. SEX			IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTY (Month, Day, 16 FEB. 7,		MAR	THPLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  87. COUNTY OF DEATH  88. COUNTY OF DEATH  89. COUNTY OF DEATH  89. COUNTY OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH												
DIRECTOR	10a. STATE MARYLAND	10a. STATE 10b. COUNTY 10c. C					TY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY V LIMITS?		
									10g. C	1 → YES 2 → NO 106. CITIZEN OF WHAT COUNTRY? UNITED STATES			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yea, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:				y Yes or No-	or No— 14. RACE — American Indien, Black, White, etc.  Specify: BLACK	
once. COMPLETED	(Specify only Elementary/Secondary (C		CATION completed) College (1-4 or 5	(C	ECEDENT'S Give kind of a Do NOT u TRUCK	work done se retired.)	during m	nost of worki	ing		CAL 7 T	NDUSTRY E AMS	TER
10 III		17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surneme)											
2	190. INFORMANT'S NAME (7 FRANCES		IINGS	19	2109	ETT	s (Street ING	end Number	REET,	BALTIM	RE, M	ÄRŸL	AND 21217
must be	20s METHOD OF DISPOSITI 1ºE/ Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ 9ther	(Specify)		206. PLACE				PARK	< 1	DATE 20	RANDAL	City or 1 LSTO	Pown, State WN, MD
medical examiner must	21. SIGNATURE OF FEMERA	L SERVICE LI	CHOSE A	line.	0	MA	ARCH		ERAL	HOME EAS			MD 21202
ry, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):												
any inju										b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
shows:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
YSICIAN:	28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
ō   ≻	1 TYES 2 THO		HOSPITAL:		_		eing Hor		esidence	6 Other (Specify)			
28 is marked, TED BY PH		Pending Investigation	28e. DATE OF (Month, D	ey, Yber)		M	1 🗌	JURY AT ORK? YES 2	] NO	28d. DESCRIBE H	OW INJURY O	CCURED	
ETED	3 Suicida 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (City or Town									281. LOCATION (St City or Town, S	(Street and Number or Rural Route Number, s, State)		
COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.  2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner as stated.												
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Moppin, Day, Year)  1/10/95												
	30. NAME AND ADDRESS OF 31. DATE FILED (Month, Day,				M 27) (Type,	Print)							
	JAN 1 3 199	95 Ju	32. REGISTRA	Rardall									



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			1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN				
D			1. DECEDENT'S NAME (First, Middle, Last)	Jol .	inso	100		2. DATE OF DEATH	DAY	3. TIME OF DEATH 705 PM		
	DI I		214 38 6896	1 □ M 2 □ F 5	rs. lest birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-03-		Country)		
	z, 3 snould	TOR	90. FACILITY NAME (II not institution, give street University Hosp:	ital			on Location of D	DEATH	9c. COUNTY	OF DEATH		
	- ranges	DIRECTOR	10e. STATE 10e. COUNTY		10c. CIT	Y, TOWN OR LOCA	imore			10d. INSIDE CITY LIMITS?		
		FUNERAL	1026 Whatcoat	Street			N. ZIP CODE	,	10g. CITIZE	N OF WHAT COUNTRY?		
215-0020 attending physician	מס היה טעומרטמוטון אמנטאר טפווזון, רמקפט זי,	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 17 YES 2 IF YES, GIVE WAR OR DATE:	⊇ □NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	8 or No — 14	. RACE — American Indian, Black, White, etc.		
2121	200	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION 16 mpleted) Coflege (1-4 or 8+)	Iffe. Do NOT us	USUAL OCCUPATION or done during more retired.) Yician	ON ost of working	16b. KIND OF BU	SINESS/INDUS			
Z & Z	3 %	E COMPL	17. FATHER'S NAME (First, Middle, Last) Maurice A. Jol					AME (First, Middle, Meider				
be retained b	, [	TO B	Beatrice Johnson	on				Route Number, City or Tov				
BALTIMORE, MA after death. Page 6 may be reta by the funeral director, page 5 sh moval.	r must b		20e, METHOD OF DISPOSITION  1 Spuriel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cempetery, crematory or after place)  Garrison Forest Vet. 1/95 Owing smills,									
BALTI or death. P.	al. i examiner must		21. SIGNATURE OF FUNERAL SERVICE LICEN	1 1	`SP #2	0 -	NO ADDRESS OF F	1				
within 24 hours aft	cremation, or removent, the medica		23. PART i. Enter the diseasea, or cor shock, or heert feliure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	policetions thet caused the toniy one cause on each DUE TO (OR AS A CO	line.	eot anter tha mo	ode of dying, suc	ch as cardiac or resp	iratory arrea	t, Approximate Interval Between Onset and Death		
BOX 68760 ate be executed with	prior to buria	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF	7):						
certific	tal Hygiene p	ш	cause (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	F):						
C that D	pt. of Health and Mental 3 shows any Injury, o	MEDICAL C	PART II. Other algnificent conditions of	contributing to death but r	not resulting i	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
Jaw Jaw	2 8	AN:	DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26.		'H (Check only one)		N 🗆				
CIAN: The	or item	PHYSICI		☐ Inpatient 2 ☐ ER/Outpatien	-			6 Other (Specify)				
ATTENDING PHYSICIAN: The ECTOR: After this certificate h	death with	ВУ Р	Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	**SPECTAL STATE OF PARTIES AND STATE OF WHAT COUNTRY OF DEATH    10d. INSIDE CITY LIMITS?   YES 2   NO		
DIVISION DR ATTENDIN	after 28 is	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — / building, atc. (Specify)	At home, ferm, s	treet, factory, offic	:0	28f. LOCATION (Street City or Town, State)		Rural Route Number,		
_ 4 4	2 =	COMPLI		N: To the best of my knowledge On the besis of examination en						suse(a) end menner es atated.		
THE HO	be filed within IMPORTANT:	O BE C	296. WONATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)  Word 12 1955		
4	- 1	- 1	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)		A	^ 1	11.		

225. Greene Str. Balto



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

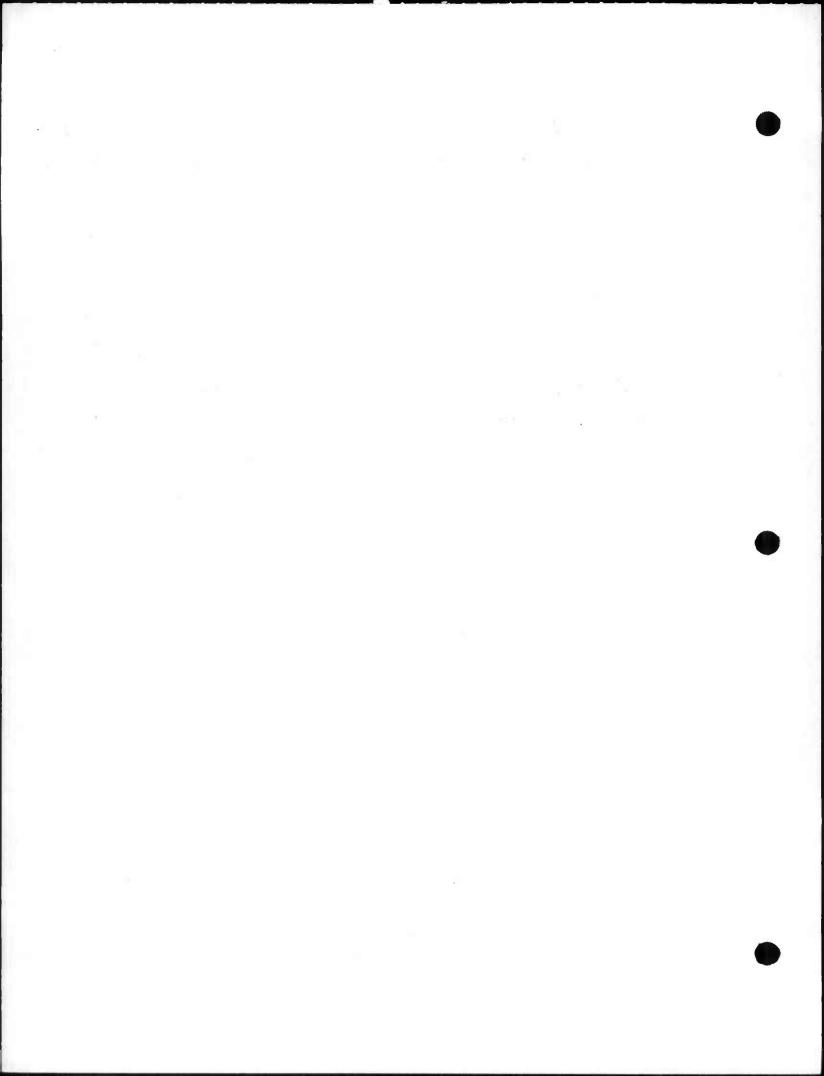
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Jones					2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 226-46-6695	226-46-6695 1 M 2   F   56 YRS. MONTHS DAYS HOURS MIN. MAY 9, 1938							HPLACE (State or Foreign TV)		
TOR.	98. FACILITY NAME (If not institution, give street and number)  Alice Manor Nursing Home  BALTIMORE  9c. COUNTY OF DEATH  n/a										
DIRECTOR	MARYLAND 106. COUNTY	n/a	10c. CIT	Y, TOWN OR LOCA BAL	TIMORE			10d. INSIDE CITY V LIMITS? 1 TYSS 2 NO			
FUNERAL	2095 ROCKROSE	AVENUE		10	21211		109. CITIZEN OF WHAT COUNTRY? UNITED STATES				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 Y YES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO	INO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Hyes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  1 YES 2 NO Specify:					E American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 TH	CATION 16 completed) College (1-4 or 5+)	Give kind of ville. Do NOT us	USUAL OCCUPATI vork done during me e retired.)	ost of working	16b. I	KIND OF BUSINESS/II				
BE CON	17. FATHER'S NAME (First, Middle, Last) ROBERT JONE	S					iddle, Meiden Sumame,	)			
TO B	190. INFORMANT'S NAME (Type/Print) SHARON JONE	S	19b. MAILING 6640	ADDRESS (Street of SNOWBE			r, City or Town, State, 2 BALTIMORE		YLAND #14		
	20e, METHOD OF DISPOSITION  TABlital 2 X Cremetion 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata 20b. PL camete	ACE AND DATE OF	PEDISPOSITION (NA							
	21. SIGNATURE OF FUNERAL SERVICE LIC		L	22. NAME A March	Funeral	Home	East		e, MD 21202		
CERTIFICATION	23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on aech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Regional versules  a. Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other significent conditions		not resulting i	n the underlyin	g ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO		246	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1  YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 Netural 5 Pending  28c. INJURY AT WORK?  M 1 YES 2 NO										
m 2 Accident								er or Rural F	r Rural Route Number,		
COMPLETED		CIAN: To the best of my knowledg							and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER									GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH	(ITEM 27) (Type,	Print)	EUTAN	2 (	T Suile	300	; Belt. m		
	JAN 13 19	32. REGISTIAR'S SIGNATU	RE Carl	.12					212		

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DIVISION OF VITAL RECORDS, P.O. BO

I within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s definitiate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY ELINEDAL DIDECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FOREMAL DIRECTOR AffeCTING CETTINGS IN TAS DEEN SIGNED BY THE ARENDAID PRYSICIAN AND COMPIETED THEO IN BY THE TO BE FILED WITHIN 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunkl, cremation, or removal.	IMPORTANT I were 28 is marked, or item 23 shows any injury, or other traumatic e	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Kempen			2. DATE OF DEATH MONTH DAY	95 12:30 D M
	4. SOCIAL SECURITY NUMBER 301-444-2069			NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 9 194	8. BIRTHPLACE (State or Foreign Gounty)  LO UMBUS. OH:
TOR	99. FACILITY NAME (If not institution, give street of the control	MARYLAND	Hosp. 96.	BALTIMORE	PEATH 90	c. COUNTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY			VN OR LOCATION TIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3601 BOWERS		T. A	10f. ZIP CODE 2/207	10	Og. CITIZEN OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cyben, Mexic 1 TYES 2 NO Speci	en, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working ed.)	166. KIND OF BUSINE	
COMP	17, FATHER'S NAME (First, Middle, Last)	V	AUIO BO	DY PAINTER 18. MOTHER'S N	AME (First, Middle, Melden Surn	REPAIK nome)
TO BE	190. INFORMANT'S NAME (Type/Print)	<u>NEMPER</u> CMDER	19b. MAILING ADDI	RESS (Street and Number or Rural	RUBY Route Number, City or Town, St.	100 0 0 0
	20e METHOD OF DISPOSITION 1 Solution 2 Cremetion 3 Remon	val from State 20b	PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LOCATH	MD - 21207  ON - City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF F	BAITIMU 2829 UI	DEC. MD. 2/224
٦	23. PART I. Enter the diseases, or co shock, or heart failura. L IMMEDIATE CAUSE (Final	int only one cause on a	tha deeth. Do not en	ntar the mode of dying, su	ch ss cardlec or respirato	ory erreat, Approximate interval Between Onset and Daath
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF ;:	fia		
NON	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONTEQUENCE OF):	l effession		
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DIVE TO (OR AS A	CONSEQUENCE OF):	meen		
AL CE	PART ti. Other aignificent conditions	contributing to death b	ut not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTI PERFORMED	
MEDIC					1 TYES 2 124	COMPLETION OF CAUSE
PH TSICIAN:	DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)	N 🗆 📗	
FYS		1 ☑ Inpatient 2 ☐ ER/Oulp 28e. DATE OF INJURY	28b. TIME OF	1ER: Nursing Home 5 ☐ Residence 28c, INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW INJUR	RY OCCURED
20	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could see by	(Month, Day, Year) 25e. PLACE OF INJURY	- At home, ferm, street,	T TES 2 NO	28f. I OCATION /Street and A	Number or Rural Route Number
7	Homicide determined	building, etc. (Spec	ify)		City or Town, State)	tomber of rurer route furnier,
7				he time, date end place, end du- ny opinion, desth occured at the		as stated.
0 00 0	29b. SIGNATURE AND TITUE OF CERTIFIER	Colli Ms		29c. LICENSE NU	MBER 296	d. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO  M. T. Cellia	COMPLETED CAUSE OF DEA	S. Green	e St. Be	16. My	
	31. DATE FILED (MONTH, Day, 1697) 3 199	32. REOSTRARISISH				



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DIVISION OF VITA

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the property of the forest page 5 should be detached by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

_	1100101111111						Oi	DLAI	11	HI	EG. NO.			
	1. DECEOENT'S NAME (First	, Middle, Last) 2 UK	East							2. DATE OF D	EATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. le	est birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B			6. BIRTH	PLACE (State or Foreign
	220-20-48	, -	1 € M 2 □ F	66	YRS.		DAYS	HOURS	MIN.	(Month, Day	g Ybar)		Mar	yland
œ	90. FACILITY NAME (If not in							R LOCATIO	N OF DE	ATH		_	Thou	
DIMECTOR	RESIDENCE OF DEC	CEDENT	CTV.			100	4806					135	אטיורין	
	10a. STATE	10b. COUNT	-			Y, TOWN OF		ION						10d. INSIDE CITY
	med		ne Arunde	1	14	ischem	-							1 YES 2   NO
LONGUAL	10e. STREET AND NUMBER	_					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
į	206 Chels	the K	12. WAS OECEDEN					211					J.S.A	
	1 Never Married 2	Married	FORCES? 1	X YES 2	NO	lf.	yes, sp	city Cuben	, Mexicen	IC ORIGIN? (Sp i, Puerto Rican,	ecify Yas , etc.)	or No—		— American Indian, , White, atc.
5	3 Wildowed 4 Dive	erced	World W			'	_ YES	2 X NO	Specify				Specif	White
COMIT CE 1 ED	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)			USUAL OCI			7	16b, KtN0	OF BUS	INESS/INI	DUSTRY	
j	Elementary/Secondary (I		College (1-4 or 5 +	) #1	e. Do NOT us	se retired.)		ar ar erarrang	,					
	8th	hidelle Lauth			ongsr	norema	an						altim	ore
	17. FATHER'S NAME (First, Middle, Last)  Michael Kaczmarczy						16. MOTHER'S NAME (First, Middle, Meiden Surneme)  Rose Rybak							
3							(Street a	nd Number i		oute Number, Ci		State 7/s	n Codel	
2	Agnes Kac	zmarcz	zyk											and 21122
	20a. METHOD OF DISPOSIT	ION	ovel from State	20h PLACE	ANDDATE	OF DISPOSIT	HOM /No	ment		DATE	200 100	ATION	City or Toy	un Cteta
Ì	4 Donation 5 Other	(Specify)		Holy	Rosa	ry Ce	emet	ery		1/12	Ba1	timo	ore,	Maryland
1	21. SIGNATURE OF FUNERA	L SERVICE LE	Of			22. N	AME AN	D ADDRES	S OF FAC	e Fune				
┙	Sea	geff	Done	_		40	01	Ritch	ie F	lwy. I	Balti	imor	e. Mo	l. 21225
	23. PART I. Enter the d ahock, or h	iseeses/ or deart failure.	complications that List only one cau	caused the d	eath. Do r	not enter t	he mo	de of dylr	ng, auch	aa cardiac (	or respir	atory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir	and .												Onset and Death
l	resulting in death)	<b>→</b>	. Coteru	or util	my	Carcha	11	athe	t					days
.			oue to bue to	clantic	MAN	rji vi <i>V</i> i	ACA	la-	done					
	Sequentially list condit	ions, diate	DUE TO	OR AS A CONSE	OUENCE OF		364		THE					415.
	cause. Enter UNDERLY	NG	C											
	that initiated eventa resulting in death) LAS	т	DUE TO	OR AS A CONSE	OUENCE O	F):								
į			d											
	PART II. Other significa	nt condition	s contributing to	desth but not	reaulting	In the und	erlying	cause gi	iven in F	Part i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										الإد	VES 2			COMPLETION OF CAUSE OF DEATH?
										_				1 YES 2   NO
	DID TOBACCO U		RIBUTE TO CA					UNCE	RTAIN					
	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:								
	27. MANNER OF DEATH		1 Inpetient 2  28a. OATE OF		28b. TIM		ng Hom		idenca 6	28d. DESCRIB		LIURY OC	CUBEO	
		Pending Investigation	(Month, Da	ry, Year)	INJ	URY M	WO	RK? ES 2	NO	Est. DESSIND	L 11017 111	00111	CONEO	
- 111	3 Suicide 6	Could not be	28s. PLACE OF	FINJURY — At h	ome, farm, i	street, factor	y, office			26f. LOCATION		nd Number	or Rural R	oute Number,
		detarmined		"						City or Tow	51616/			
			CIAN: To the best of											
	2   MED	and the same of th		amination and/or	investigatio	n, in my opi	inlon, d	eath occure	d at the t	lme, data and p	place, and	due to th	ne cause(s)	and manner as stated.
	296. SKINATURE AND TITLE	OF CERTIFIES	h.A	1 52				29c. LICEN				29d. DAT		(Month, Day, Year)
ŀ	30. HAMIF AND ADDITION OF	person or	O COMPLETED CAN	COSPL	M 970 (7	Outer		DY	108	0			48/4	/
	many and adopted of	-Elenon Min	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)								
-	31. DATE FILED (Month Day	Year)	32 REGISTER	R'S SIGNATURA			-							
	31. DATE FILED (Month Pay	1995	Jahr 10	P'S SIGNATURO	roball									
JII.			The second secon											

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<b>BALTIMORE, MARYLAND 21215-0020</b>	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit	
BAL	fter death	the fune	loval.
	ours a	lled in by	n, or rem
		ly fil	ation
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OH THE HUSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	greets After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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95 00629 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH Killen 7:45 smith 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 2420 4969 Month, Pay, Year) 1924 70 Virginia 1 M 2 F YRS. 9s. FACILITY NAME (If not institution, give street and numbe 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Church Hospital Baltimore City 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 TYES 2 NO 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 United States 6726 Railway Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Millwright Steel Industry 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ballard Killen Etta Cantrell 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1820 Kinship Road Baltimore, Maryland Amelia L. Bell 21222 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Ra
4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State Hilltop Service Corp. 1/13/95 Towson, Maryland 21. SIGNATURE OF FUNERAL BETVICE LICEN 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23. PART I. Enter the disesses, or complications et ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel **Onset and Death** LUNG disease pr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

ART II. Other	significent	conditions	contributing	to deeth but r	ot resulting	g in the unde	erlying cause	given in Part i.
	CH	Rol	rIC	CUM	16	115	B15	E
								_

24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

25.	WAS	CASE	REFERRED	то	MEDICAL.
	EXA	MINEF	17		
	1 🖂	YES	2 X NO		

5 Pending

6 Could not be

Investigation

1 Netural

2 Accident

4 Homicide

3 Suicide

HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 26s. DATE OF INJURY

OTHER 4 X Nursing Ho me 5 - Realdence 6 - Other (Specify) 28c, INJURY AT WORK? 28b. TIME OF

26. PLACE OF DEATH (Check only one)

28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify)

28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of ax investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b.	SIGNATURE	AND TITL	E OF	CERTIFIER	_	(	
	A.	F		18		enn	Wa
	/ 1/	,		-	/		

29c. LICENSE NUMBER 3

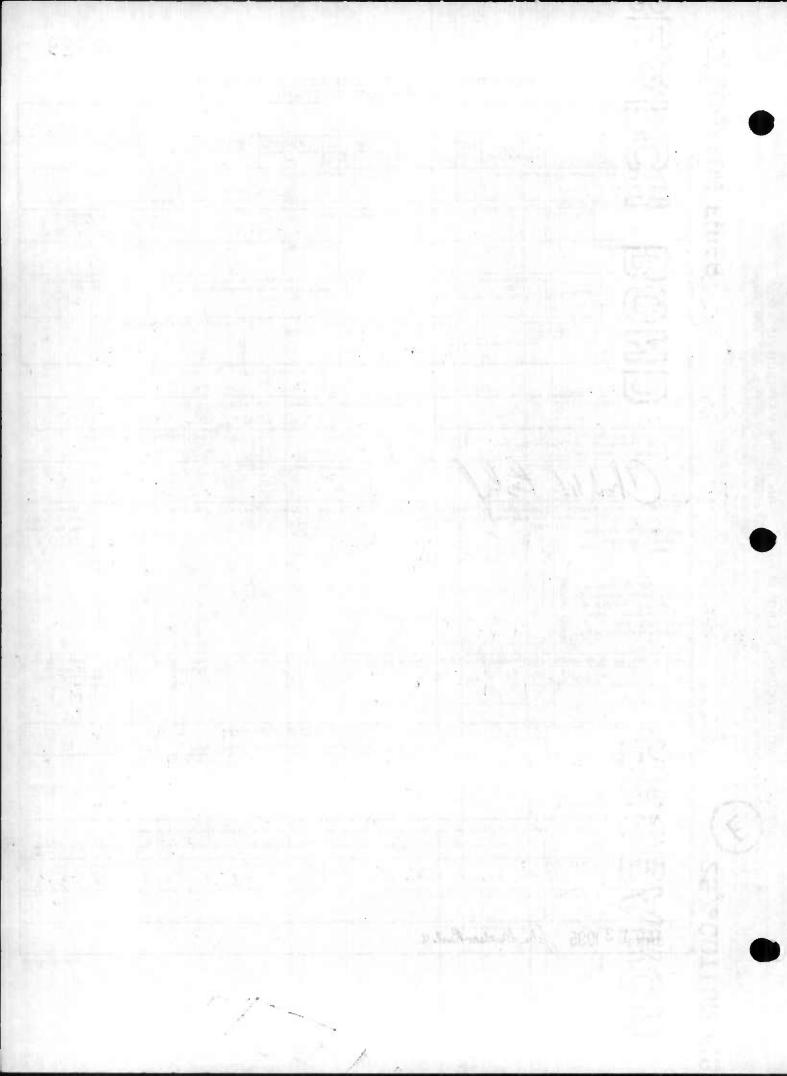
29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 1 3 1995

32. DEGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH A	ND MENTAL HYGIEI	_		
1. DECEDENT'S NAME (First, Middle, Lest) LEONARD	READ	KEL	LY	2. DATE OF DEATH MONTH	DAY ' Q YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 215-10-8823	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS	HRS. 7. DATE OF BIRTH (Month, Day, Year) Sept. 20,	Coun	HPLACE (State or Foreign try)	
9a. FACILITY NAME (If not institution, give str Carroll County G	*		CITY, TOWN OR LOCATION Westminste	OF DEATH	9c. COUNTY OF		
10a. STATE 10b. COUNTY			OWN OR LOCATION		1 00220	10d. INSIDE CITY	
Maryland Carro	11 County	We	stminster 101. ZIP CODE		10g. CITIZEN OF	LIMITS?  1 YES 2 NO  WHAT COUNTRY?	
205 St. Mark Way			2115		U.S.A.		
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HrSPANIC ORIGIN? (Specify Y. Mexican, Puarto Rican, etc.) Specify:	es or No 14. RAC Blac Spe	E — American Indian, ok, White, etc.		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Ifea. DECEDENT'S USU (Give kind of work of the Do NOT use reti				USINESS/INDUSTRY		
17 FATHER'S NAME /First Middle Logs		Groc		Gro	cery Stor	e	
Elias Kelly	17. FATHER'S NAME (First, Middle, Lest)  Elias Kelly				n Sumame) SON		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number of	Rural Route Number, City or To	wn, State, Zip Code)		
Mr. James David S		5 Waug		Lyndon, MD 2	1071 OCATION — City or 1	Photo	
t  Burlei 2 Cremation 3 Ramo	vet from State can	netery, cremetory of other 01d 0ak1an	d Cemetery	1.	Sykesvill		
21. SIGNATURE OF FUNERAL SERVICE LICE  BUAN 8.	Haight			OF FACILITY ERAL HOME (P , MD 21784 (4		,	
23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that cause let only one cause on e	the deeth. Do not e	enter the mode of dying	, auch as cerdiec or res	piretory arreat,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Bula	leval x	newwo	wifes wi	14	Onset and Deeth	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Sequentially llet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE. Chise to Claude of the Cause of Indiana.						
thet initieted events resulting in deeth) LAST	Carerie	y ork	y disa	one foot	CABG	iyan.	
Cores Ture	contributing to death b	facel	ne underlying cause giv	en in Part I. 24s. WAS A PERFO	RMED?	WERE AUTOPSY PINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCE	RTAIN 🗆		7	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:				
27. MANNER OF DEATH THIS S Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Numing Home S Resk  28c, HURRY AT  WORKY  M 1 YES 2 1	28d. DESCRIBE HOW	HUURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, stree	t, factory, office	28f. LOCATION (Street City of Town, State	and Number or Rural II	Route Number	
				nd due to the cause(s) and me at the time, data and place, a		a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	MO		29c. LICEN	38915	29d. OATE SIGNE	O (Menth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	WASH	Rd	west	musley	
JAN 13 1995 July	32. REGISTRAR'S SIGN	ATURE			,		

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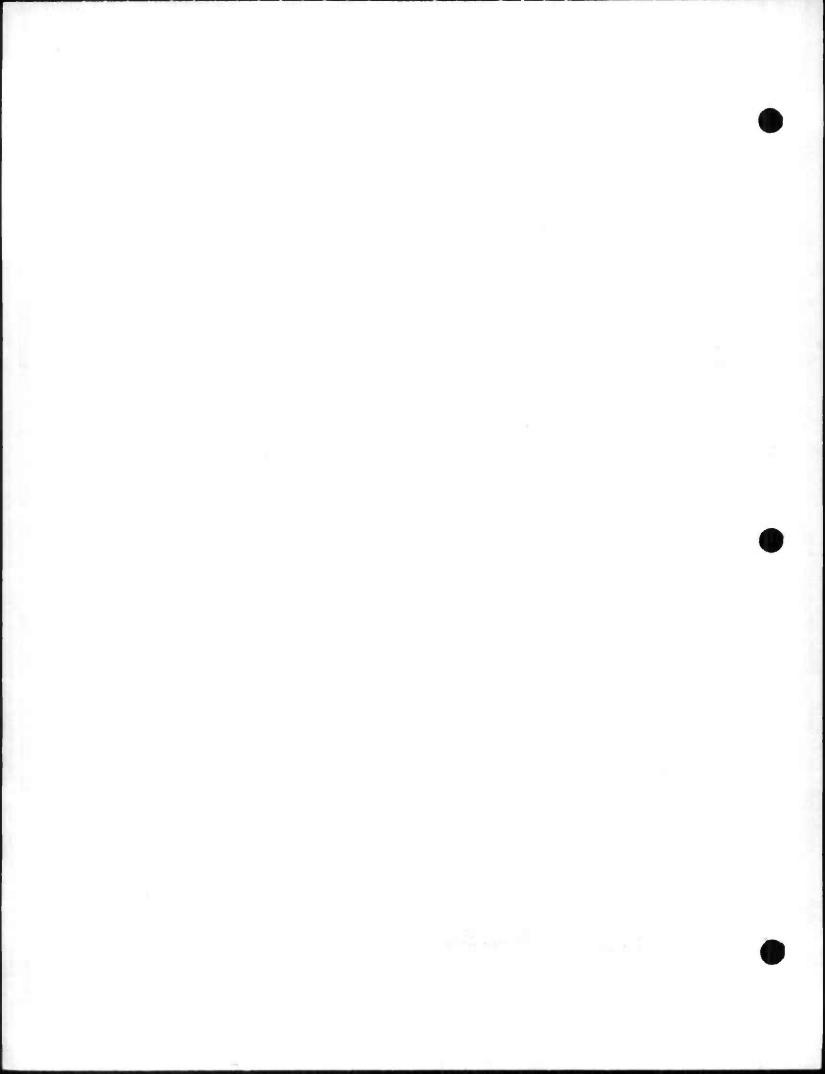
UTHE HOSPIAL OF ATENDING PHYSICIAN. The Taw requires that the death certificate be executed withing fined in by the funeral direction, page 5 may be retained by the hospital or attending physician.  OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit namely page 1.3 or	lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **PORTANT: If item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examinar must be another at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Wesler Lawson 10-15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-26-595 (Morgin, Day, Year 1 X M 2 - F 64 YRS Marylano 90. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Arbutus Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Spring Rd 21227 phur hi tates 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 DYES 2 NO IF VES, GIVE/MAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian Black, White, atc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexicen, Puerto Ri 1 TES 2 NO Specify: 10/28/55 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highe Cutter /Secondary (0-12) College (1-4 or 5+) Sales Meat 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John W. BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, 2 Sulphur Arbutus, MD 21227 rances awson 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State
Crownsville, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of Veterans Cemeter 1/17 MOLTY CING 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSILE 22. NAME AND ADDRESS OF FACILITY Am brose Funeral Home, Inc. 1328 Sulphur Spring Rd., Arbutus, MD 21227 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death melastasts disease or condition resulting in death) Traln 2 m5 DUE TO JOR AS A CONSEQUENCE OF Meladaic 2 mo. CERTIFICATION Sequantially list conditions, if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

Kel Kindar ... M.D. 95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAIRAC(+ PINTAVORN M.D. THE JOHNS HOPKINS HOSPITAL ROSS 958 BALTIMORE, MDZIZOS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 1995

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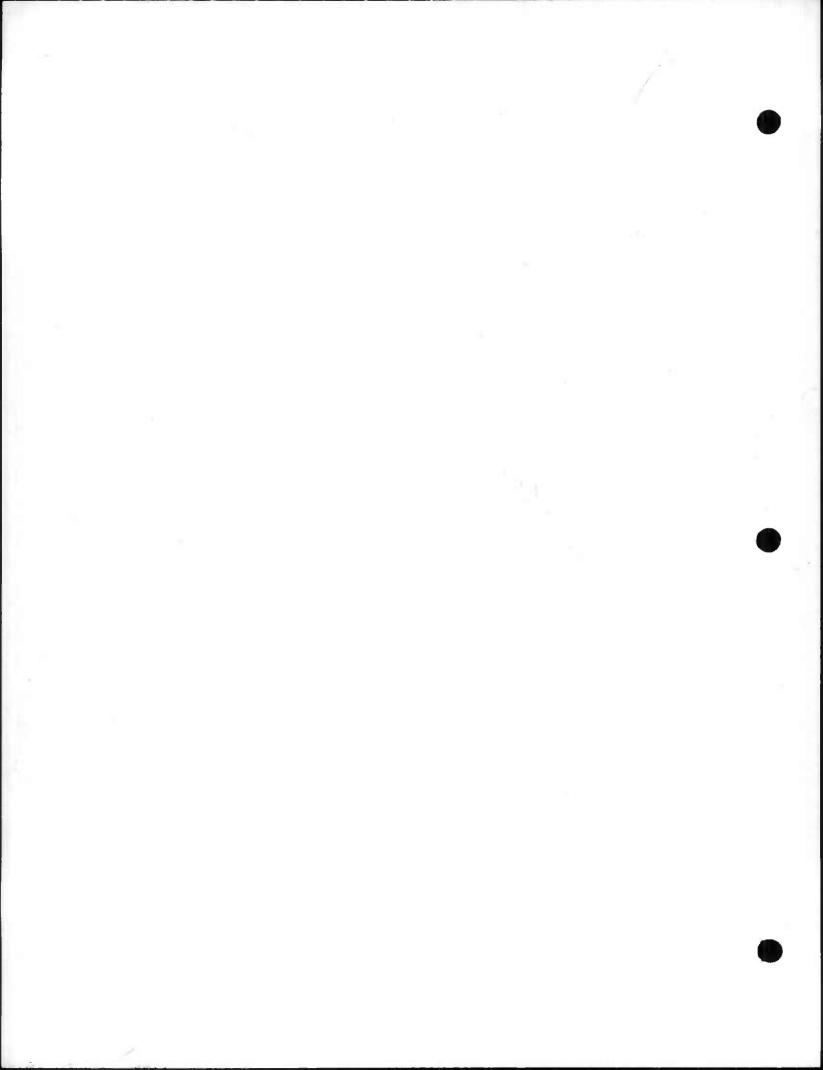
	O DE COMO MA DUVEIOIM. MEDIOA OFFICIOATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of the s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-transit or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within za hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH	
	Alice	LOUDERMI				RMILE	ζ		Jan	uary 0	9 19	995	4:15 pM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR				1	IF UNDER			OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
	219284152	1 □ M 2 🛣 F 80 YRS			MONTHS	DAYS	HOURS	MIN.	Dec.	th, Day, Year)	4	West	Virginia	
	9e. FACILITY NAME (If not institution, give st	treet and number) 9b. CITY, TO				Y, TOWN	OR LOCATION	ON OF DE				COUNTY OF DEATH		
9	Franklin Square	Hospita	1			Ro	ssvi	lle			Ra 1	ltimo	more	
<u>ت</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			I							Das	LCZIIIC		
BY FUNERAL DIRECTOR		ltimore		10c. C11	Y, IUWN	OR LOCAT	ldle	Divo	220				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER	remore					ZIP CODE				Total Con-			
RA	5 East Midland 1	Dond.				101	212	_			10g. CIT	USA	WHAT COUNTRY?	
N.	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C AI	DMEO	1 49	WM C DEC								
F	1 Never Married 2 Merried	FORCES? 1	YES 2 K	NO	13.	It yes, sp	ecity Cube	n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-		E — American Indien, k, White, etc.	
	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1   YES	2 X NO	Specify	y:			Spec	White	
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. Di	ECEDENT'S	USUAL	OCCUPATIO	ON		16	b. KIND OF BU	SINESS/IN	DUSTRY	WILLCE	
ET	Elementary/Secondary (0-12)	College (1-4 or 5	r) in	Give kind of e. Do NOT u	work done se retired.)	during mo	st of workin	g						
MPI	6th		I	House	wife	ē								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	, ,	Middle, Meiden				
BE (	Paris Marrs							Laur	ra S	Seldom	cidge	9		
10	19e. INFORMANT'S NAME (Type/Print)		19							nber, City or Tow				
-	Roselle Harris	on		7 Ea	st N	1idla	nd R	oad	BA11	cimore	MD.	2122	20	
	20e. METHOD OF DISPOSITION  1 GyBuriel 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Campillary or other place)													
	4 Donetton 6 Other (Specify) Holly Hill Cemetery 1/12/95 Baltimore Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home of Essex													
	K Torke	11 on	nelle	1						Home o			221	
	23. PART I. Enter the diseases, or o shock, or heart failure.	emplications the	caused the d	milh. Do i	not anta	r the mo	da of dyl	ng, auci	h as car	diac or reapi	ratory ar	reat,	Approximate	
	IMMEDIATE CAUSE (Final	list only one cau	ise on each life	e.									Interval Between Onset and Death	
	disease or condition	Sencie	ensis										1 week	
	resulting in death)  a. Sepsis  DUE TO (OR AS A CONSEQUENCE OF):								1 WEEK					
z	Renal failure									2 weeks				
ERTIFICATION	Sequentially list conditions,  If any, laeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
8	CAUSE (Disease or Injury	•	Coronary artery disease										5 years	
트	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
	residing in death) CAST	_Periph	eral va	scula	r di	iseas	e						5 years	
LC	PART li. Other algorificant conditions	contributing to	death but not	resulting	in tha u	nderlying	Csusa o	iven in	Part i.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
<u>১</u>	Diabetes melit		years							PERFOR	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE	
	Dementia		years						_	1 TYES 2	₩ NO		OF DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR			ATH YE	:s []	NO IŽ	LINC	ERTAIN					1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	IDOTE TO CA		CE OF DEA			OINC	LKIAII	4 L.J					
Sic	EXAMINER?  1 TYES 2 THO	HOSPITAL:	ER/Outpatient 3	3 DOA	OTHE		• 5 □ Re	aldanaa		- (0				
H	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	SIDERICE		SCRIBE HOW II	NJURY OC	CURED		
4	Netural 5 Pending investigation	(Month, D	ay, Your)	INJ	URY M	WO	RK?	NO						
21	Accident investigation  Suicide 6 Could not be	28e. PLACE O	F INJURY — At he	ome, term,	street, fec		YES 2 NO Hice 281. LOCATION (Street on					r or Rural I	Route Number,	
E	determined determined	bullding,	etc. (Specify)						City	or Town, State)				
N	Check only	IAN: To the heat of	my knowledge de	eath occur	ad at the	time det-	and also	and de-	to the -	usale) and -		and .		
COMP	(Check only one) 2 MEDICAL EXAMINER												and manner on stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER					,,				Jim prece, are				
BE		ul					29c. LICE				29d. DAT	1 Que	(Month, Day, Year) Lary 09, 1995	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	25.05.05.15.1		-75		Ka	0180	0			, -, 0	1 1 11115	

9000 Franklin Square Drive, Baltimore Maryland 21237

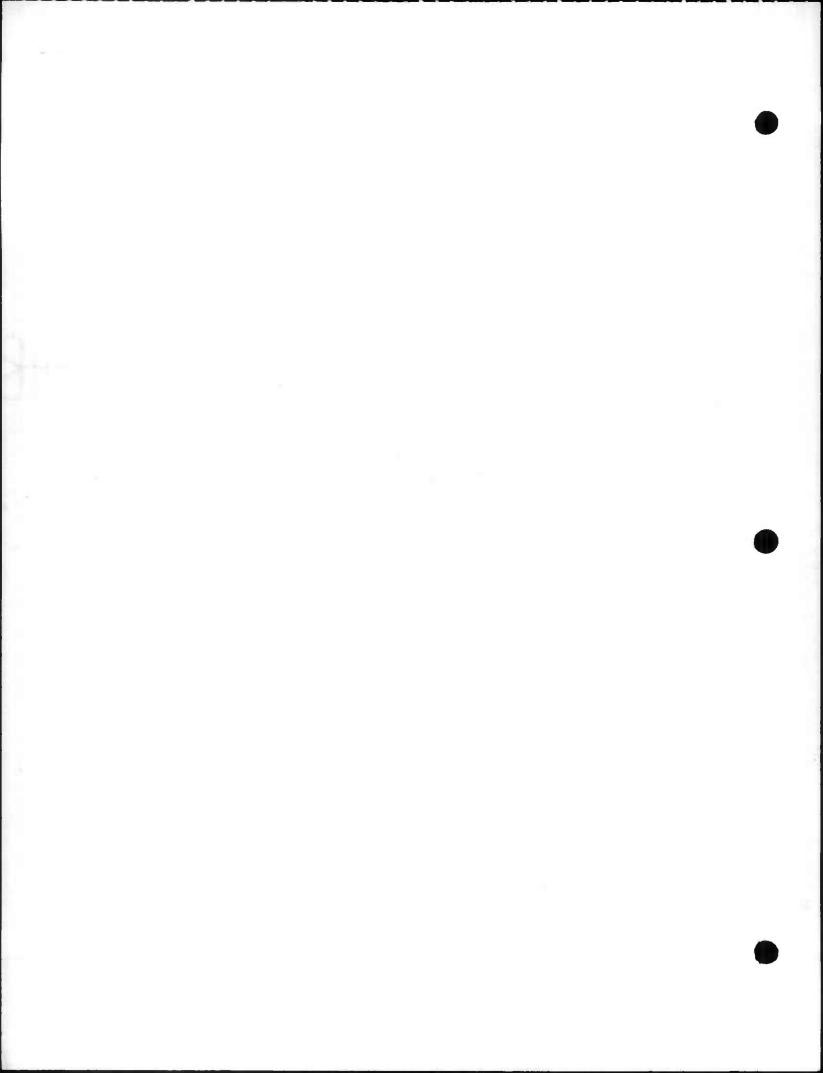
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Vu Hoang 9



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICALE	OF DEATH	REG. NO.			
	- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AV VE	3. TIME OF DEATH	
		FLORENCE LOUI		OX			JAN 4	" 9	15 11 A	M
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)	
2	1 8	146-18-5898	1 M 2 🔀 F	70 yrs.	- Continue Con	TO ROOMS MIN.	JUNE 22	24	MD	
should	-	9a. FACILITY NAME (If not institution, give s				WN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
2, 3	СТОВ	1701 EUTAW PLACE APT 210 BALTO								
es 1,	1 ш 1	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR L	CATION			10d. INSIDE CITY	
Pages .	DIR	MD			ALTO				LIMITS?	
permit.		10e. STREET AND NUMBER				101. ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?	_
	ER/	1701 EUTAW PL.	APT 210			21217			S.A.	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian.	_
		1 Never Married 2 Married	FORCES? 1 YE		If yes	y specify Cuban, Mexica	in, Puerto Rican, atc.)		Black, White, atc. Specify:	
215-0 attending se as the	BY	3 Wildowed 4 Divorced					· ·		BLACK	
	E	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S (Give kind of	work done durin	PATION most of working	16b. KIND OF BUS	INESS/INDUST	RY	
o 21 of for u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iife. Do NOT u			İ			
AND 2 he hospital detached for	COMPL	12TH  17. FATHER'S NAME (First, Middle, Last)		DOM	ESTIC					_
YLA by the be det		JOHN A. JOHNS	SON			18. MOTHER'S NA	ME (First, Middle, Meiden T.F. W.F.	Sumame) IITE		
ned b	H	19a. INFORMANT'S NAME (Type/Print)		105 144 11 104	ADDRESS (Or					_
retained 5 should notified	임		ERLING				Route Number, City or Town			, 1
ME, may be or, page st be		20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE				CATION — City		
0 0 H =		XSBurial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)		JOHN WE		CEMETERY		ARION,		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC		//		E AND ADDRESS OF FA		11(101()		_
ALTI death. P. tuneral I. examine		1.71	5,	1-4	AN	THONY WA	RDF/H 314		E ST.	
2 - 2 - 0	$\vdash$	22 DART I Enter the diseases on	my C.	Vancy	CR	ISFIELD,	MD 21817	7		
E E		23. PART I. Enter the diseases, or cahock, or heart feliure.	List only one ceuse on	each line.	not enter the	mode of dying, suc	h es cardiec or reapi	ratory erreat,	Approximata Interval Between	m
Minn, ille		IMMEDIATE CAUSE (Finel disease or condition	Α.	r matt	ia 1:		book	1. din	Onset and Deet	
ompletely I, cremat		resulting in dasth)	DUE TO (OR AS	A CONSEQUENCE O	17/1	schaem	1004	V WV 3	sean 5 min	2
a 2 2 6	_		C	ATThe	A	New D	ic head		4 mmt	1
	RTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):					
ste be ysiciar prior trau	S	cause. Enter UNDERLYING CAUSE (Disease or injury	A	naemie	9				10 year	, 5
errifica ng phy giene	핕	thet initieted events	DUE TO (OR AS	A CONSEQUENCE O	F):					
endi h	CER	resulting in death) LAST	ļ							
= 2 ± =		PART II. Other significant condition	s contributing to deeth	but not resulting	In the under	ving ceusa given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	5
Y - 5 -	EDICAL	11					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
s alf							1 TYES 2	□ NO	OF DEATH?	
w requires been sign ft. of Heal	Σ ::	DID TOBACCO USE CONTR	IBLITE TO CAUSE	OF DEATH YE	S D NO	☐ UNCERTAIN			1 YES 2 NO	
he law has be Dept. n 23 s	IAN:	25. WAS CASE REFERRED TO MEDICAL	IDOIL TO CAUSE	26. PLACE OF DEAT			10			-
SICIAN: The certificate the State of the State of them	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	ripatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)			$\exists$
ATTRIONS OF VITAL RE ATTRIONS PHYSICIAN: The law requirements of the State Dept. of H  28 is marked, or item 23 show	РНУ	27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIM	E OF 28c	INJURY AT	28d. DESCRIBE HOW IF	NJURY OCCURE	10	$\dashv$
or the	BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	l ins	M 1	WORK?  YES 2 NO				-1
NDMG T. After r. death fs. ma	ED B	3 Suicide 8 Could not be	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, a	street, factory,	office	281. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,	$\neg$
OR AFTEN DIRECTOR TOURS after Term 28 is	ETE	4 Homicide detarmined	•				City or lown, State)			1
	MPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occurr	ed at the time,	data and place, and due	to the cause(s) and man	ner as stated.		٦
SPITAL NETAL	OM								use(a) and manner as stated.	
FILE	3	29b. SIGNATURE AND TITLE OF CERTIFIER			4 -	29c. LICENSE NUM	ABER	29d. DATE SIG	GNEO (Month, Day, Year)	긤
HE E	2	rath	av		MD.	D31	+44	▶ 1)	9195	
	~	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF E	EATH (ITEM 27) (Type	, Print)	2 1	C - 4	7	0 12 11 0	
_		SHOAHB A. +	HASHMI,	851	N S	entan .	or since	i 30	& Isult M	17
(0)		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S AND	NATURE	-				147	4
		JAN 1 3 1995 Ju	Un animonocina	Office Control						



<b>BALTIMORE, MARYLAND 21215-0020</b>	that within A hours after death. Dans & may be retained by the broating or retained the size
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P.O. BOX 68	certificate
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	MP
A	The
OF VI	PHYSICIAN:
VISION OF	A ATTENDING
~	島

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT	OF H	EALTH AND			
		1. DECEDENT'S NAME (First, Middle, Last)		CERTII	TOATE	UF	DEALIT	REG. NO	Э.	3. TIME OF DEATH
		SHELIA  4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	MAPLE				JANUARY		95 02:15 PM
2		213-84-6767	1 - M 2 - XF	(In yrs. lest birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-02-19		BIRTHPLACE (State or Foreign Country) ARYLAND
3 should	OR	9a. FACILITY NAME (If not institution, give str THE JOHNS HOPKI					MORE C	DEATH ITY	9c. COUNTY	OF DEATH
1.2	5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY								
physician. burial-transit permit. Pages 1. 2,	DIRECTOR	MARYLAND			Y, TOWN OR		ION			10d. INSIDE CITY LIMITS?  1) YES 2 NO
Fred	3AL	10e. STREET AND NUMBER				10f.	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
an. ransit	FUNERAL	1033 REVERDY RO					21212		U.S.	. A
	BY	11. MARITAL STATUS 1 (A) Never Married 2 (I) Merried 3 (II) Widowed 4 (III) Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	11 3	yes, spe	ENDENT OF HISP cify Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yosan, Puarto Rican, etc.)	e or No- 14	RACE — American Indian, Bleck, White, etc. Specify: BLACK
al or attending for use as the	9	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18a. DECEDENT'S	USUAL OCC	CUPATIOI	N et al warding	16b. KIND OF BI	SINESS/INDUS	
ospital or thed for u	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Researc				Crop G	enetics	
by the hospitable detached	COMPL	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S N	AME (First, Middle, Maide	Sumame)	
retained by 5 should b	BE	Felix Maple, Jr.  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street en	Shirle	V Mae Maple I Route Number, City or To	State 7/o Co	odal .
be reta pe 5 sh o noti	욘	Shirley Mae Maple						ltimore, M		
ector. page must be		20e, METHOD OF DISPOSITION	val from State 20b	PLACEAND DATE	OF DISPOSITI	ION (Nan	ne of	DATE 20c. L	OCATION - City	y or Town, Stata
direc direc		4 Donation 6 Other (Specify)	I Di	RUID RID		METE	ERY D ADDRESS OF F	1/13   Ba	Ltimore	Maryland
hours after death. Page 6 may be retained by the hospital or attending ed in by the funeral director, page 5 should be detached for use as the or removal.  medical examiner must be notified at once.	Ц	· Barbera A	· Bu			W:	illiam (	C. Brown Co	3	
fill fill tion.		PART I. Enter the disease, pr co shock, or heart fellure. L  IMMEDIATE CAUSE (Finel disease or condition	ist only one cause on e	I the deeth. Do i ach line.	not enter th	he mod	le of dying, au	ch aa cardlac or reap	iratory arrest	Approximata interval Batween Onset and Death
completely ial, cremati event, t		resulting in death)	DE TO (OR AS A	CONSEQUENCE O	F):					> days
and and bur	CATION	Sequentially list conditions, if any, leading to immediate	Neutrope DUE TO (OR IS A	CONSEQUENCE OF	Fi:					3 WKS
certificate be ding physician dygiene prior r other trau	ICAT	CAUSE (Disease or injury c.	Chemothe	CONSEQUENCE OF						3 WKS
he death certificate be the attending physician Mental Hygiene prior to njury, or other traun	CERTIFIC	that initiated events resulting in death) LAST	Acute 1			<u> </u>	lenke	mia		1 year
that the desired by the at th and Memt any injury,	EDICAL	PART II. Other aignificent conditions	contributing to death b	ut not resulting	In the unde	erlying	cause given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
equires the en signed of Health a								1 (VES	2 NO	COMPLETION OF CAUSE OF DEATH?
has been Dept. of 1	N.	DID TOBACCO USE CONTR	BUTE TO CAUSE O	F DEATH YE	S   N	0 12	UNCERTA	IN 🗆		1 PES 2 NO
SICIAN: The la certificate has the State Dep I, or item 2:	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	OTHER:	ly one)				
SICIAN certific the S	PHYS	1 YES 2 NO	1 Minpatient 2 ER/Outp 28a. DATE OF INJURY	atlant 3 DOA 26b. TIM	4 🗌 Nurein	g Homa 8c, INJU		8 Other (Specify)	IN HIRV OCCUR	E0
VG PHYS ther this tath with marked	ВУ Р	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY M	WOR	IK? ES 2 NO	200. DESCRIBE HOW	INJUNI OCCON	ico
ATTENDING PHYSICIAN: The law requires that the death CTOR: After this certificate has been signed by the atten after death with the State Dept. of Health and Mertal I also is marked, or Item 23 shows any Injury, or	ETED E	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, lectory	y, office		261. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
SETAL DIR SETAL DIR T. II Ren	OMPL		AN: To the best of my knowl							suse(s) and menner es stated.
THE FEET OF THE FE	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	my Hou				29c. LICENSE NU	MBER		GNED (Worth, Day, Year)

TO BE COMP 29c. LICENSE NUMBER
MO282 29d. DATE SIGNED (Month, Day, Year) House-office WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
MP. JHH, 600 N. Wolfe SA, Ballo, MD 2128

Julia Davidson Resoluti 195 30. NAME AND ADDRESS OF PERSON WE CAME COME COME STREET (Month, Day, Voar)

JAN 1 3 1995

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ed, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

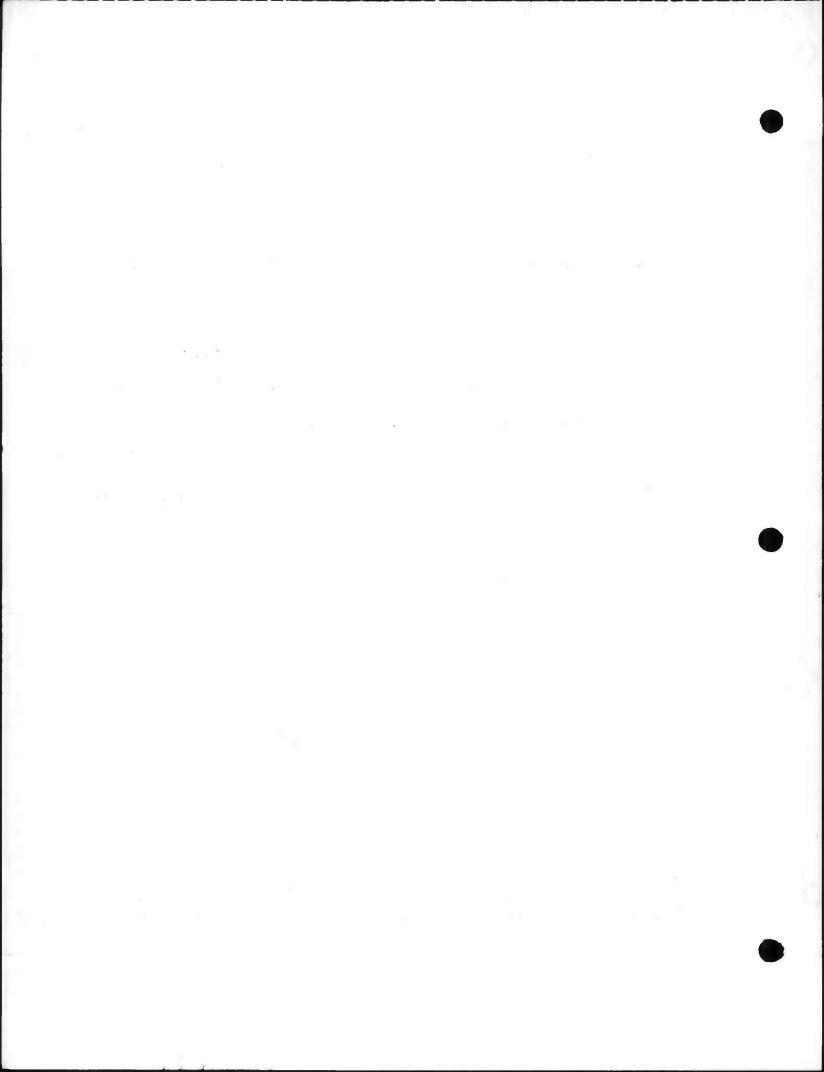
TO BE COMP

JAN 1 3 1995

ABORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

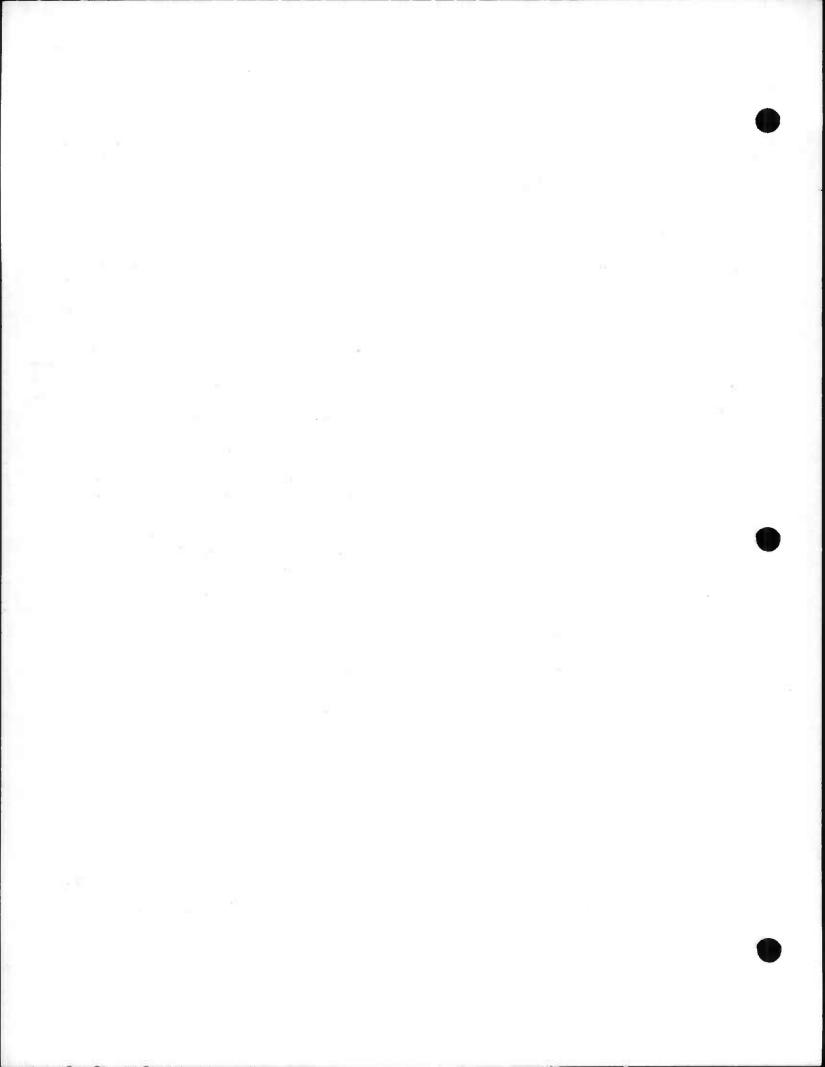
1, 2, 3 should

												JJ	00033
	1 - FOR REGISTRAR	STATE OF M	ARYLAND / D Cef		TMENT					YGIEN IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	NA.	YEAR	3. TIME OF DEATH
		Sr. Mary Emmanuel McCro				9			Janua	_			12:55 A.M
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF				IF UNDER 2					PLACE (State or Foreign	
	208 40 5146		1 □ M 2 💢 F 86 YRS.				HOURS	MIN.	Oct. 26, 190				
3	9e. FACILITY NAME (If not institution, give s			96. CITY, T	TOWH OR	LOCATIO	N OF DE				NTY OF DE		
OR	St. Joseph Res			Hale	etho	rpe		Baltimore			re		
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY												
DIRECTOR		timore	1		Y, TOWN OR		ON						10d. INSIDE CITY LIMITS?
	Maryland Bal	cinore		Ha	letho	_					1 TES 2 TO NO		
FUNERAL						101. 2	ZIP CODE	0.5					HAT COUNTRY?
W	4100 Maple Aver						212					J.S.A	•
FU	11. MARITAL STATUS  1 🔀 Never Married 2 🗌 Married	12. WAS DECEDENT FORCES? 1 [	EVER IN U.S. ARME YES 2 X NO	D	13. WA	AS DECEN	NDENT OF	HISPANI Mexican	IC ORIGIN? (S	pecify Yes	or No-	14. RACE Black,	— American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 [	YES 2	NO IX	Specify:	:			Specify	
	15. DECEDENT'S EDUC	CATION	I the DECE	DENTIO	USUAL OCC	HIBATION			40				White
	(Specify only highest grade	completed)	(Give	kind of v	work done dur	ring most	of working		160. KIN	O OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			ous				Co	onvei	nt.		
N	17. FATHER'S NAME (First, Middle, Last)			9-	· · · ·		10 MOTH	ERIC NAS	ME (First, Middl				
		Jilliam N	(cCrone			1	IS. MOTHE		en Tho		,	ron	0
BE	19a, INFORMANT'S NAME (Type/Print)	TITION 1	105.0	AAII ING	ADDRESS /	Stead and	d Mumbar o						
5	RGS									21227			
	20e. METHOD OF DISPOSITION		4100 Maple Avenue Baltimore										
	1 K Burlet 2 Cremation 3 Remi	ematory or other place Cathedral Cemetery 1/7					DATE	20c. LOCATION — City or Town, State  Baltimore, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	New Ca	ttne			ADDRESS			Ba.	LUTIK	ore,	Maryland
	· D m	. )		1.					ce Fun	era1	Home	e P.A	۸.
	Janua /	Svan	nous	W	400	01 R	litch	ie I	Hwy.	Balt	imore	e, Mo	1. 21225
	23. PART I. Enter the diseases, or called the shock, or heart failure.	ompications that	ceused the deeth	h. Do n	not anter th	na moda	a of dyin	g, such	aa cardiac	or respi	ratory arr	reat,	Approximata
												Onset and Daath	
	disease or condition resulting in death)												
	Sequentially list conditions b. Cely VITS of The Foot												
Z	Seguentially list conditions	. Ce/1	V/17	7	5	91			4	70	00		
CERTIFICATION	If any, leading to immediate												
3	CAUSE (Disease or Injury												
ËΙ	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
<b>H</b>		i											
	PART ii. Other significant condition	s contributing to d	leath but not resi	uiting i	n tha unde	erlying o	causa gi	van in F	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2			/							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
8									—   ¹□	YES 2	☐ NO		OF DEATH?
Σ	DID TOPACCO USE CONTE	NIDUITE TO CAL	ICE OF DEATH		·		111110		_				1 YES 2 NO
AN	DID TOBACCO USE CONTI	GBUTE TO CAL			H (Check only		UNCE	RIAIN					
2	EXAMINER?	HOSPITAL:		T	OTHER:		/						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1  Inpatient 2						Idence 6	Other (Sp				
Mar. 1	1 Natural 5 Pending	(Month, Day		Bb. TIMI	URY	Bc. INJUR WORK	K?		28d. DEŞCRIE	BE HOW IN	JURY OC	CURED	
E C	2 Accident Investigation	28a PLACE OF	IN ILERY At home	doorn o		1 YES	S 2 [	NO	****				
	3 Suicide 8 Could not be 4 Homicide detarmined	building, e	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)						City or To		na Number	or Hural Ad	oute Number,
	29e. CERTIFIER					_							
MP	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of n											
COMP	2 MEDICAL EXAMINE	R: On the besis of exa	mination end/or inve	estigatio	n, in my opin	nion, deal	th occured	d at the t	lime, date end	place, en	d due to th	e cause(s)	and menner es stated.
BE (	256. SIGNATURE AND TITLE OF CENTIFIER	No.	7			2	9c. LICEN				29d. DATI	E SIGNED	(Month, Day, Year)
		F 1/1					117		7 / /		The of	- / /	1 129



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	CONTRACTOR OF STREET, The Contract of the Cont
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		1 - FOR STATE OF MARYLAND / DEPARTM REGISTRAR CERTIFICA	ENT OF HEALTH AND MENTAL HYGIENE TE OF DEATH REG, NO.
	1	1. DECEOENT'S NAME (First, Middle, Leet)  Carl Mullins	2. DATE OF DEATH DAY YEAR January 8, 1995
Pir		401 10 8736 1 12 M 2 □ F 76 YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
1, 2, 3 should	TOR		city, town or location of Death  altimore  Bc. County of Death  Anne Arundel
Pages	DIRECTOR	10a, STATE 10b, COUNTY 10c, CITY, TO	WN OR LOCATION  10d. INSIDE CITY LIMITS?  1  YES 2 NO
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 4938 Brookwood Road	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/225 U.S.A.
21215-0020 I or attending physician. For use as the burial-transit	BY	11. MARITAL STATUS  1 Nover Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 7 NO Specify:  White
21 or u	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Warehoun	IL OCCUPATION one during most of working ed.)  16b. KIND OF BUSINESS/INDUSTRY
YLAND 2 by the hospital be detached to at once.		17. FATHER'S NAME (First, Middle, Last) Noah Mullins.	18. MOTNER'S NAME (First, Middle, Maiden Surname) Elizabeth Shenn
MAR retained 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) Donothy L. Mullins 4938 Bro	ness (Street and Number or Paral Poute Number, City or Town, State, Zip Code) ookwood Road Baltimore, Manyland 21225
6 may ctor, pa		26a. METHOD OF DISPOSITION  1 (X Burlai 2 Cremation 3 Ramoval from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DIS  ceptelgry, crematgry or other pl  4 CP. Haven	POSITION (Name of OATE 26c. LOCATION - City or Town, State Memorial Park 1/11 Glen Burnie, Maryland
BALTIM after death. Page by the funeral direct moval. Ical examiner in		Elace Ednio	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225
F 60 d within 24 hours after ampletely filled in by th i, cremation, or remove event, the medical		23. PART I. Enter the diseasea, or complications that caused the death. Do not enabled, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	YOCHEDIA NEAR CTION 5 MIN,
P.O. BOX 687  In certificate be execute anding physician and co Hygiene prior to burial or other traumatic.	CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	O APRTERIOSCEROSIS 5 YRS
OKDS, that the deal ed by the att th and Menta any inlury.	AL	PART II. Other algnificant conditions contributing to death but not resulting in the	PERFORMED? AMAILABLE PRIOR TO
requires sen sign of Healt	MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	1 U YES 2 U-NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 U-NO  1 YES 2 U-NO
	SICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Ch. EXAMINER? HOSPITAL: OTI	eck only one)
고 뜻 를 를 <b>돌</b>	ву рну	27. MANNEB-OF DEATH 27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation Investigation	Nursing Nome 5 PResidence 6 Other (Specify)  28c. INJURY AT WORK?  1 YES 2 NO
ATTENOING ATTENOING Safter death 28 is mai	ETED 8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, stc. (Specify)	factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
OSPITAL OR	SOMP	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the best of my knowledge, death occurred at the management of the management of the management of the best of my knowledge, death occurred at the management of the mana	he time, date end place, and due to the cause(s) and menner as stated.  ny opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.
TO THE HOSPITAL TO THE PERSON	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Stephen K: Pachlugsin Mr.	29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  D09405  1-9-95
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  ST ACMES MEDICAL COTTE,  31. DATE FILED, (Mooph, Dyg, 1980)	SUITE 305 BALTIMORE 21229
		JAN 1 3 1995 July 2 months registrar registrar	



BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	Annual and the artered by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	PASSIGNAL THE ROW PRISIGNAL THE Faw requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	DEFECTOR After the certificate has been signed by the attending physician and completely filled in by the

TO THE HOSE OF THE BOND PHISHOLD. The law requires that the death certificate be executed with the fourts after death. Page 6 may be retained by the hosp TO THE FUNDAME DEPENDED AND CONTINUED THE FUNDAME CONTINUED AND CONTINUE

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR .	CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN							
	1. DECEOENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH		3. TIME OF DEATH					
	David A Mc.  4. SOCIAL SECURITY NUMBER	Keldin Sp. Sex 8. Age (		F UNDER 1 YEAR	IF UNDER 24 HRS.	Jan C	7	NEAR IN 15 M					
	218-32-3233	1 X M 2 🗆 F		ONTHS DAYS	HOURS MIN.	Feb. 1, 193	36	Maryland					
~	9a. FACILITY NAME (If not institution, give si	treet and number)	9		OR LOCATION OF D	EATH	9c. COUNT	ITY OF DEATH					
DIRECTOR	Howard County Gen	nreal Hospita	1	Colum	bia		Howa	rd County					
IRE	Maryland Howai	rd County	10c. CITY, 1	F111CO	tt City			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	-a country					T ton CITIZE	1 TYES 2 NO					
ERA	7801 Whistling P:	ines Court	urt 101. ZIP CODE 21043				US	The second secon					
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	22 NO	It yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	s or No-	4. RACE — American Indian, Black, White, etc. Specify: White					
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S US	UAL OCCUPATION	ON	16b, KIND OF BU	SINESS/INDU:	STRY					
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (t-4 or 5+)	(Give kind of won life. Do NOT use n Electri	ettred.)	st of working	NSA							
ME	17. FATHER'S NAME (First, Middle, Last)		DICCOI.	Cluii	40 MOTHERIO NI								
BE C	Charles W. Mc	Keldin				ME (First, Middle, Maiden Hardesty	Sumeme)						
TO B	190. INFORMANT'S NAME (Type/Print) Ms. Penelope J. Mo	cKeldin				Route Number, City or Tow Ct., Ellic		ity, MD 21043					
	20s. METHOO OF DISPOSITION 1 X Burlas 2 Cremetion 3 Removal from State cametary, cremetory or other place)  20s. PLACE AND DATE OF DISPOSITION (Name of cametary, cremetory or other place)												
	21. SIGNLY OF GET FUND ALL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  21. SIGNLY OF GET FUND ALL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	Effanlellen	Stul	M00535	S1	ack Fune	eral Home,		1042					
	23. PART I. Enter the dieeeses or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreet, shock, or heart failure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Finel disease or condition )												
	resulting in deeth)	7 .	month										
NO.	Sequentielly list conditions, oue to (or as a consequence of):												
Ä	If any, leeding to immediate ceuse. Enter UNDERLYING	Corri	CONSEQUENCE OF):	. 51	Ju-0-2	h-le	LY ESZA	18 1 11					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):					mont					
CER		1											
CAL	PART ii. Other significent condition	s contributing to death be	ut not resulting in t	the underlying	g ceuse given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDIC							Ano	OF OEATH?					
AN:	DID TOBACCO USE CONTR				UNCERTAI	NZS							
SIC!	EXAMINER?	HOSPITAL:		THER:	Terrors								
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME 0	F 28c. INJ	URY AT	8 Other (Specify)  28d. OESCRIBE HOW I	NJURY OCCU	RED					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJUR	M 1 .	RK? 'ES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, atra	et, tectory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						couse(s) and manner se stated.					
H	296. SIGNATURE AND TITLE OF CENTRIES				290 LICENSE NUI	MBER		GIGNED (Month, Day, Year)					
2	30. NAME AND AGORESS DE PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	TEY F	Pall E	830 2 Sail	_						
	JAN 1 3 1995	32. REGISTRAR'S SIGNA	ATURE		, - (			1 Pos alvy2					
	JAN - 1333 A												

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	•	STATE REGISTRAR	
			•

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR				ICATE OF	DEATH	ĺ	REG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	.541	1 A L	A11 1 5			2. DATE OF MONTH	DEATN DA	IV.	VEAR 3.	TIME OF DEATH
	MCGFE	-20-	EUI	LAH LE	Ł MCGEE				12	45	5.55AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D		- 1	B. BIRTNPL	ACE (State or Foreign
- 1	214-20-9321	1 □ M 2 🟋 F	88	YRS.	MONTHS DATS						yland
-	9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN	OR LOCATION OF	DEATN		9c. COUNT	Y OF DEAT	Н		
· 6	St. Agnes Hosp		Ba1	Baltimore City							
ᇤ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1		10c CIT	Y, TOWN OR LOCA						
DIRECTOR	Maryland	Howard	ı	100.011	i, iowit on good						d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	nowaru	<u> </u>	J	10	Ellic	ott Ci	ty	40- 017171		YES 2 NO
FUNERAL	4309 Brittany	Drive			"		0/0				T COUNTRY?
N.	11. MARITAL STATUS	12 WAS DECEDEN	IT EVED IN II C AD	MED	42 440 000		043			JSA	
	1 Never Married 2 Married	FORCES? 1	YES 2 Y	NO	If you, as	CENDENT OF HISP pecify Cuban, Mexi-	en, Puarto Rica	n, atc.)	or No-		American Indian, hite, atc.
B	3 Wildowed 4 Noivorced	IF TES, GIVE W	MR OR DATES		1   YES	S 2 X NO Spec	elfy:			Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	16b. KII	NO OF BUS	INESS/INDU	STRY	WILLEC
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	ive rand of v . Do NOT us	vork done during ma ne retired.)	ost of working	1				
<u>4</u>	12		Exe	ecuti	ve Secr	etarv		Che	emical	Com	nanv
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd			COM	
w J	Lorenzo	" Unkno	wn "	Bake	r	Marv	" Unk	nowi	n "	Clen	nents
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rura	Route Number,	City or Town	n, State, Zip C	code)	ne me o
F	Charles J. Die	h1mann	4:	309 B	rittanv	Dr. El	licott	City	, MD	2104	3
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	mml from State	20b. PLACE	AND DATE	OF DISPOSITION IN	ame of	DATE		CATION - CI		
	4 Donation 5 Other (Specify)	over from State	Metro	Cren	natory,	Inc. 0	1/13	Ba	altim	ore.	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES	Men Als	//	22. NAME A	ND ADDRESS OF F	ACILITY				
	George E	MacNa	LL		Crem	ation	ociet	y o	E Md.	, Ir	ic.
-	23. PART i. Enter the diseases, or o			eth Do n	299	Freder.	LCK Ro	ad	Balt	0.,	MD 21228
	shock, or heart failure.	List only one cau	ise on each line	).	ot enter the me	oe or aying, su	cn as cardiac	or respir	ratory arrei	it,	Approximata Interval Between
- 1	disease or condition										Onset and Death
- (			CHE								
		DUE TO	CHE	OUENCE OF							2 wes
_	disease or condition	DUE TO	CHE (OR AS A CONSEC		<b>ን</b> :						
NOI	disease or condition resulting in death)  Sequentially list conditions,	b	CHF (OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	nia							
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	Phelimo	nia							
IFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO	Pheume (OR AS A CONSEC	OUENCE OF	ን:						
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	Pheumo OR AS A CONSEC UTI	OUENCE OF	ን:						
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  OUE TO	Preumo (OR AS A CONSEC  UTI (OR AS A CONSEC  CAD	DUENCE OF	ŋ; ŋ;						
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO  OUE TO	Preumo (OR AS A CONSEC  UTI (OR AS A CONSEC  CAD	DUENCE OF	ŋ; ŋ;	g cause given in	1 Part I. 24	. WAS AN /			dulez  3 ales  3 ales  1 mot
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		DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER	TZLED 5. SEX G. AGE (		nst Metz		2. DATE OF DEATH DATE OF BIRTH	AY YE	2:40 Pm
pino		212-20-3634  9s. FACILITY NAME (If not institution, give str	1 XM 2 □ F 85	. ,,	MONTHS DAYS	HOURS MIN.	Aug. 15, 190	9c. COUNTY	BIRTHPLACE (State or Foreign country) ETMANY
1, 2, 3 should	CTOR	UNTON MEM	OPILAL H	106PLT	AL BA		RE CITY		
nit. Pages	DIRE	Maryland 106. county		10c. CIT	Y, TOWN OR LOCAT	Baltimon	ce		10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit permit.	NERAL	2612 Elsinore Aver				21216		US	OF WHAT COUNTRY?
17715-0020 or attending physician. r use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA WWII	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexicar 2 XNO Specify			RACE — American Indian, Black, White, etc. Specify White
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+) 3+	(Give kind of life: Do NOT u	usual occupation work done during mose retired.)  r/Sculpt	st of working	16b. KIND OF BUS	siness/industr	
be dete	BE COM	17. FATHER'S NAME (First, Middle, Last)  Max Paul Met	zler		1	18. MOTHER'S NAI	ME (First, Middle, Meiden Frieda Sel		rsch
be retained ge 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) Elfriede M. Metzle	er	196. MAILING 1014 W	ADDRESS (Street a	nd Number or Rural R Rd. Bal	oute Number, City or Town timore, MI	n. Stete, Zip Code 21229	0)
Page 6 may be if director, page		20s. METHOO OF PISPOSITION 1 Burlal 2 Ferenation 3 Ramo 4 Donafion 8 Other (Specify)	val from State	etro Cre	of disposition (Na	Inc, 01	/12/95 Bal	cation — city of timore	, MD
death. e funera al. exami		21. SIGNATUME OF FUNERAL SERVICE LICE	n No male	d	299 Fr	cederick	ety of Mar Rd. Baltir	nore, M	ID 21228
be executed with hours cian and completely filled in to to burial, cremation, or re-aumatic event, the med	ATION	23. PART I. Enter the diseases, or complete about, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	ech line.	lue to d		se cerdlec or respi		Interval Between
th certificate ending physical Hygiene p	CERTIFICATIO	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				10 days
reconnotes that the consigned by the of Health and Methods any Injury	MEDICAL	PART II. Other significent conditions  T S Channe  DID TOBACCO USE CONTR	Cardim	sopatt	in the underlying		PERFOR  1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION DIF CAUSE OF DEATH?  1 YES 2 NO
e se e	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only one) OTHER:				
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH  1 [1] Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	IE OF 28c. INJURY WO	• 5 Residence of the second of	3 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D
CTOR: A after da after da 18	TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28s. PLACE OF INJURY building, stc. (Special Control of the Contro	— At home, farm,			28f. LOCATION (Street a City or Town, State)	ind Number or Ru	ural Route Number,
SOUR DIRE	COMPLET		IAN: To the best of my knowle : On the best of exemination						use(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL (De fied within 72 h	BE	296. SIGNATURE AND STAR OF CHICAGER	lanny	y	MA	29c. LICENSE NUM		29d. DATE SIG	MED (Morith, Day, Year)
	5	Paula Haynes	20) E.	TH (ITEM 27) (Type			Timore, Mr		
		31. DATE FILED (Month, Day, Year)	PAREGISTRAN'S SIGNA						

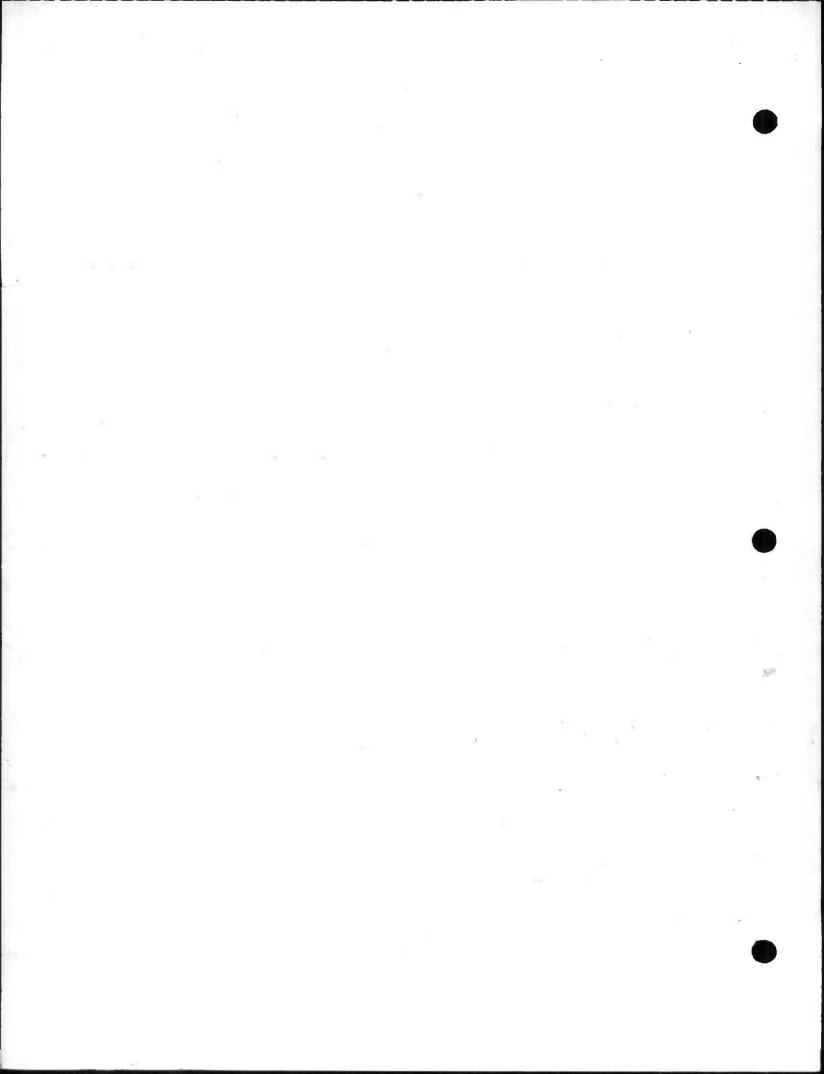
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ISION OF VITAL RECORDS, P.O. BOX 68760	F
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HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. aftending physician. TANTE II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the deal

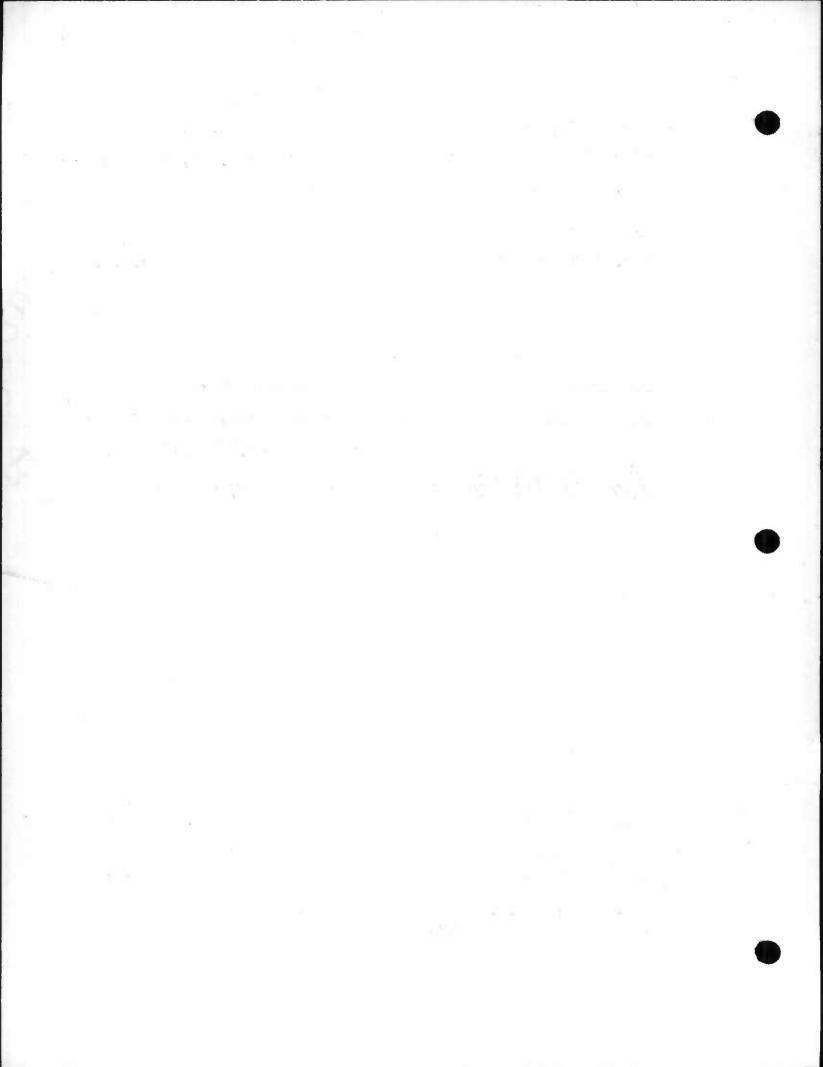
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF H	EALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	MALASKY		ONI E OI	DEATH	2. DATE OF DEATH MONTH	DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 187-22-9647	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 15		a. BIRTHPL	ACE (State or Foreign nsylvania
TOR	9a. FACILITY NAME (If not institution, give st Hebrew Home of RESIDENCE OF DECEDENT		1		ville	EATH	ntgom		
DIRECTOR		gomery		TOWN OR LOCAT	е				Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 6121 Montrose R 11. MARITAL STATUS				20852		Ţ	J.S.A	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES		If yes, spe		NIC ORIGIN? (Specify ) in, Puerto Rican, atc.) y:	es or No —	Black, \	- American Indian, hitte.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	DECEDENT'S US (Give kind of wo life. Do NOT use Clerk	SUAL OCCUPATION for done during most retired.)	N st of working	166. KIND OF B		DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Samuel Malasky		·			ME (First, Middle, Meide Porgrat:			
5	198. INFORMANT'S NAME (Type/Print)  David Malasky					Route Number, City or R			20852
	David Malasky  5609 Struttmann Lane, Rockville, Md.  20s. METNOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  122. NAME AND ADDRESS OF FACILITY I Ves-Pearson Funeral Homes Falls Church, Va. 22046								
			death. Do no						Approximate Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		SENILE DEMENTIA  DUE TO (OR AS A CONSEQUENCE OF):						Onset and Death  4GARS
ATION									
CERTIFICATION	csuse. Entar UNDERLYING CAUSE (Disease or injury thet initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONS	DUE TO (OR AS A CONSEQUENCE OF):						
	PART II. Other significent conditions	***	_	the underlying	ceuse given in		N AUTOPSY		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDICAL	H76	PERTENSION	J			1 🗆 YES	~ ~	OI OI	DMPLETION OF CAUSE F DEATH?  YES 2 NO
AN:	DID TOBACCO USE CONTR		ACE OF DEATH		UNCERTAIN	1 🗆			
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient		THER:	8 Rasidenca	6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (		RK?	28d. DESCRIBE HOW	INJURY OC	CURED	
0	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — At building, atc. (Specify)	26s. PLACE OF INJURY — At home, farm, atreet, factory, office				and Numbe	r or Rural Rou	te Number,
COMPLET		CIAN: To the best of my knowledge, R: On the basis of examination and/							nd manner as stated,
H	296. SIGNATURE AND TITLE OF CERTIFIER  (7. Talwar, M.D.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  1695								
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I			VILLE	· · · · · · · · · · · · · · · · · · ·	20		

July 32 HEGISTRAR'S CONDURA

JAN 1 3 1995



	1 - FOR STATE REGISTRAR			MARYL	AND /	UEPAH ERTIF	ICAT	T OF H	DEA	TH	MENT	TAL HYG					
	1. DECEDENT'S NAME (First, Midd	fie, Last)										TE OF DEAT	Н			3. TIME OF DEATH	
	Mildred I	Mend	elsohn									нтн	DAY	199	YEAR		A "
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (	In yrs. les	t birthday)	JF UNDE	R 1 YEAR	IF UNDE	24 HRS.	7. DA					HPLACE (State or Fore	ian
	215-38-4815	1	1 🗌 M 2 🔯 F	8	37	YRS.	MONTHS	DAYS	HOURS	MIN.	1 -	orith, Day, Yea			Count	ry)	
	Sa. FACILITY NAME (If not institution	on, give stre	et and number)				9b. CIT	r, TOWN C	DR LOCAT	ON OF D	NOT	7. 25				w York	
DIRECTOR	1801 E. Jef:			1000	ockv			CAIN		Montgomery							
E	10a. STATE 10b.				10c. CIT	Y, TOWN	OR LOCAT	ION		-		_			10d, INSIDE CITY		
ة	Maryland Montgomery					Po	ckv	1110								LIMITS?	
	10e. STREET AND NUMBER	10110	gomer y			1 110	CICV		. ZIP COD	E				10a CITI	ZEN OF Y	WHAT COUNTRY?	
FUNERAL	1801 E. Jef:	fers	on Str	eet					2085					117	.S.		
Z	11. MARITAL STATUS		12. WAS DECEDEN		U.S. AR	MED	13				MIC OR	GIN? (Specif	W				-
	1 Never Married 2 Marri		FORCES? 1 IF YES, GIVE V	YES	2 2 N	10		If yes, spe	ecify Cubi	in, Mexic	an, Puer	to Rican, etc	y 100 O	140-		E — American Indian, k, White, etc.	9
BY	3∕CXWidowed 4 □ Divorced		IF TES, GIVE Y	INK OR DA	AI ES		_1	1 YES	5X MO	Speci	fy:				Spec		
8	15. DECEDEN	T'S EDUCA	TION		16a. DE	CEDENT'S	USUAL O	CCUPATIO	)N		18	16b. KIND OF	F BUSIN	ESS/IND		ite	
Щ	(Specify only high: Elementary/Secondary (0-12)		College (1-4 or 5	-1	(Gi	ive kind of a	work done se retired.)	during mo	st of world	ng				17000			
필		5+				ocia	1 W	orke	er			Mont	:goi	mer	y C	ounty	
COMPLET	17. FATHER'S NAME (First, Middle,	Last)							18. MOT	HER'S NA	AME (Firs	t, Middle, Ma	iden Su	rname)			
ш	Abram Kuner	n							Ra	che	1 9	sklar	sk	V			
9	19a. INFORMANT'S NAME (Type/Pri	int)			198	b. MAILING	ADDRES	S (Street a							Code)	20879	
2	Carol Barro	ons										Route Number, City or Town, State, Zip Code) 20879 ace, Gaithersburg, Mo				rg, Md	
	20a. METHOD OF DISPOSITION		111. 90V	20b.	PLACE A	AND DATE	OF DISPOS	SITION /Na	me ol		D	DATE 29c. LOCATION — City or Town St					
	5€ Burlai 2 ☐ Cremation 3 4 ☐ Donation 6 ☐ Other (Speci	☐ Ramovi	al from Stata	- Cem	etery, crei	matory or o	n N	atio	ona 1	Ce	1-12   20c. LOCATION - City or Town, State M. Arlington, Va						
	21. SIGNATURE OF FUNERAL SER	VICE LICEN	ISEE			1900	22.	NAME AN	D ADDRE	SS OF FA	CILITY						
	Ives-Pearson F										ome	S					
$\vdash$	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate																
	snock, or heart failure. List only one cause on each line.																
	IMMEDIATE CAUSE (Final											Onset and D					
	reaulting in death)	disease or condition Lymp															
	DUE TO (OR AS A CONSEQUENCE OF):																
1 1		•.,	DUE TO	(OR AS A	CONSEC	DUENCE O	F):										_
NO	Sequentially list conditions,	<b>C</b> b.															
ATION	If any, leading to immediate	<b>1</b>				DUENCE OF											
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	<b>S</b> 6	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):										
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	6	DUE TO	(OR AS A	CONSEC		F):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):										
뒿	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):	nderlying	J ceuse ;	given in	Part I.				24b.	WERE AUTOPSY FIND	
뒿	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):	nderlying	J ceuse i	given in	Part I.	PER	FORME	D?	24b.	AMILABLE PRIOR TO COMPLETION OF CAU	
뒿	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A	CONSEC	DUENCE OF	F):	nderlying	) ceuse (	given in	Part i.		FORME	D?	246.	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	JSE
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent co	d.	DUE TO	(OR AS A	CONSECUTION TO THE CONSECUTION T	DUENCE OF	F): F): In the ur			_	_	PER	FORME	D?	240.	AMILABLE PRIOR TO COMPLETION OF CAU	JSE
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TY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent co  DID TOBACCO USE C  25. WAS CASE REFERRED TO MED  EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Netural 5 Pendir	c. d. d. onditions of the control of	DUE TO  DUE TO  CONTributing to  BUTE TO CA  HOSPITAL: inpetient 2  26a. DATE OF (Month, D)	(OR AS A (OR AS A  death bu	CONSECUTION TO THE PROPERTY OF	DUENCE OF DEAL PLANTS	F):  In the ur  If (Check  OTHER 4   Nur  E OF  URY  M	NO □ only one) ₹: sing Home 28c. INJt WOI 1 □ Y	UNC  5 Re  JRY AT  RK7  ES 2	ERTAI	6 On 28d. D	1 YE	RFORMES &	NO JRY OCC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	JSE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 lowers after death with the State Dept. of Health and Memital Hygher prior to burial, cremation, or removal.

HIMPORTARY: Heam 28 is capted, or Heart 2 should an interval or other formation and red examines must be partitled as pages.

	Ite	em# 19.a. G-fili	m 719 per	F.H	1/1	3/95	P.C			70	U	3076
		FOR 1 - STATE REGISTRAR	STATE OF MARY				OF DEA		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)					-		2. DATE OF DEATH		:	3. TIME OF DEATH
		Virginia Ruth	Mc Cov							1995	YEAR	C-00 A M
- 1		4. SOCIAL SECURITY NUMBER		(In yrs. last	birthdev)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.	7. DATE OF BIRTH		a BIRTHR	6:00 A M
		040 00 0500	104205	( )	YRS.	-	AYS HOUR	_	(Month, Day, Year)		Country)	
		212-36-3560	^ <u></u>		Tho.				Feb. 2. 19		Vira	
	~	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TO	OWN OR LOCA	ATION OF DE	EATH	9c. COUN	TY OF DEA	ATH
	СТОВ	2746 Wilkens Ave. Baltimore										
	티딩	RESIDENCE OF DECEDENT										
	DIRE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION				1	10d. INSIDE CITY LIMITS?
		Md.			Ba	ltimo	ce				1	1 YES 2 NO
	A	10e. STREET AND NUMBER					101. ZIP CC	DE		10g. CITtZ	EN OF WH	IAT COUNTRY?
	FUNER	2746 Wilkens Ave.					2122	3		USa		
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARI	MED	13. WA			NIC ORIGIN? (Specify Ye	or No —		- American Indian.
		1 Never Merried 2 Merried	FORCES? 1 YES		10	If y	YES 2 N	ben, Mexice	n, Puerto Rican, atc.)		Black,	White, atc.
	B	3 Widowed 4 Divorced	ii Yes, dive wan on i	DATES		''	X	O Specin	γ.		Specify:	White
	0	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCCI	PATION		16b, KIND OF BU	SINESS/INDL	ISTRY	MILLOG
	ETE	(Specify only highest grade Elementary/Secondery (0-12)		(Gi life.	Do NOT us	vork done duri is retired.)	ng most of wo	rking				
	2	7	College (1-4 or 5+)	11-					Hor	200		
9	COMPL	17, FATHER'S NAME (First, Middle, Last)		HO	mema	ker			ME (First, Middle, Maiden			
at once.		Nathaniel T. Min	~~~									
Po	8		yee		-				L. Worley			
III.	2	19e. INFORMANT'S NAME (Type/Print)							Route Number, City or Tox			
be notified		Brady E. Mc Coy, S	F.JR.	6	01 H	ammono	ds Ct.	Balt	imore, Mar	ryland	212	25
		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE DF DISPOSITION / Name of cametary, crematory or other place)  20c. LOCATION — City or Town, State										
Ē		4 Donetion 5 Dother (Specify)		ake V	iew	Mem. F	Park		1/14 Syk	cesvil	le	Md
ne		21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEX /	į.		22. NA	ME AND ADD		CILITY			
examiner must		> / (QA)	L. Loud	messo	11-7	Gary	/ L. K	aufma	n Funeral	Home	of E	lkridge,Inc
		7000	7		-	5695	Main	St.	Elkridge.	Maryl	and	21227
or removal		23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or haart failure. List only one cause on each line.										
	- 4	IMMEDIATE CAUSE (Final )										Onsat and Daath
vent, the		disease or condition a. 11 10 cm with the second se										
event,		DUE TO (OR AS A CONSEQUENCE OF):										
atic e	z	0 20hi 4 1										
SE	RTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
Hygiene prior	¥	cause. Enter UNDERLYING										
other	Ĭ.	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):										+
10 or ot	H	resulting in death) LAST										
× =	S		9.									
and mer	A	PART ii. Other significant condition	s contributing to death	but not re	esuiting	in the unde	riying caus	e given in	Part i. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
₹ >	DIC								1 _ YES :			COMPLETION OF CAUSE
shows an	ш											OF DEATH?
8 0	Σ	DID TOBACCO USE	CONTRIBUTE TO	CAUS	SE OF	DEATH	YES I	7 NO			1 .	1 YES 2 NO
23 Lepi	AN	25. WAS CASE REFERRED TO MEDICAL		-			26. PLACE OF	3				
item Item	SICI	EXAMINER?	HOSPITAL:	visid-6	1,541	OTHER:						
e .	HYS	1 VES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Out			-		Reeldence	8  Other (Specify)			
marked,	ᆲ	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		28b. TIM	URY	c. INJURY AT WORK?	- 10.7	28d. DESCRIBE HOW	INJURY OCCI	JRED	
s marked	8	2 Accident Investigation						□ NO				
60		3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp.	IY — At hor ecify)	me, term,	street, fectory	office		281. LOCATION (Street City or Town, State		or Rural Ros	ute Number,
n 28 i	EFE	4 Homicide determined										
Hem Hem	2	29e. CERTIFIER  (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wledge, der	eth occurr	ed at the time	date end pla	ice, end due	to the cause(e) end me	oner ee state	rd.	
7 =	MPL	0.00)	R: On the beele ot exeminati									end menner ee stated.
PORTANT:	8											
POR I	B	29b. SIGNATURE AND TITLE OF CERTIFIES	No No		1	1410	29c. L	CENSE NU	CLA D	29d. DATE	SIGNED (A	Mbrith, Day, Year)
2 €	2	AM CO H		1	71	MIE		NI	4110		1/3/	75
	-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D	EATH (ITER	77 (Type	Print)	OID II	1 R	19. 14 ans	n 6	106	On a
		DAARA	10100716	- 1	11/6	初,	510 A	VIV	10/14/	, 13 d	Mr.	11221227

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

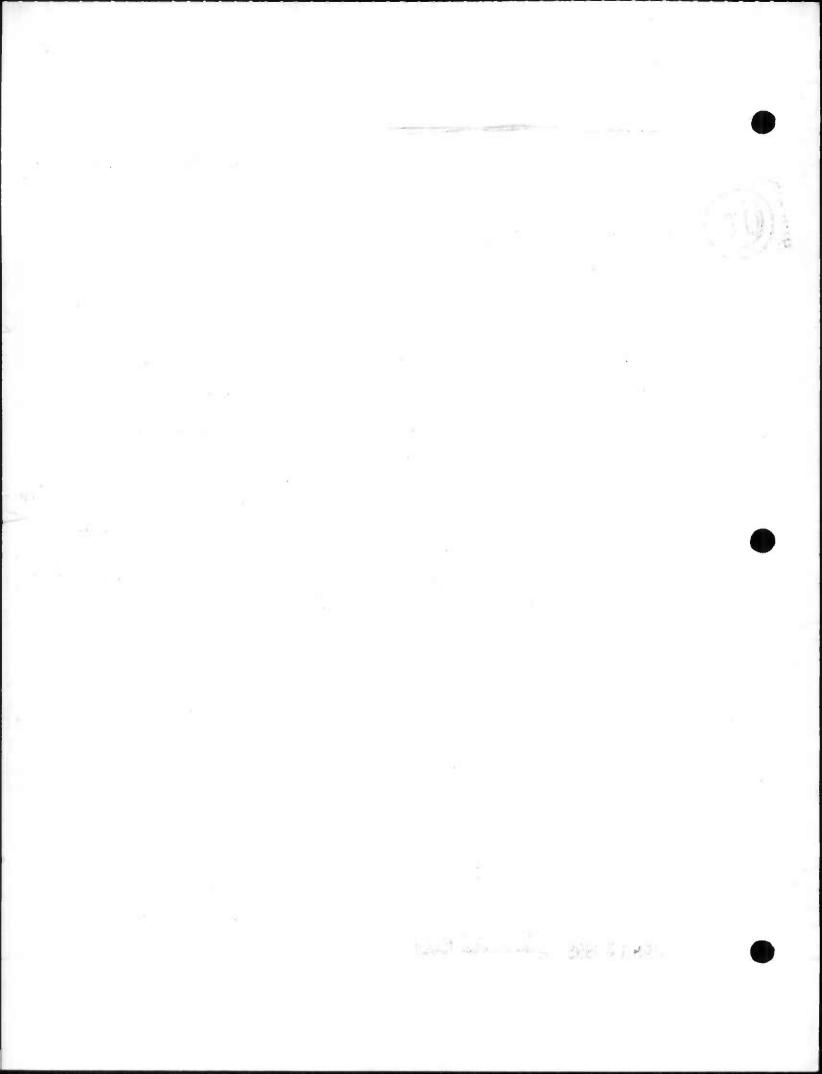
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT		MENTAL	HYGIENE
CERTIFICATE	OF DEATH		REG. NO.

	REGISTRAR	CERTIFIC	ATE O	F DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) NELLIE JANE MIL	DDLEDITCH			2. DATE OF DEATH	DAY Q	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) #	UNDER 1 YEA		/	-0	75	7201 M		
	198-20-5103 10 M 2 BF 8	840	NTHS DAY		7. DATE OF BIRTH (Month, Day, Year 07/01/)	)	Country	PLACE (Stone or Foreign ) nsylvania		
_	9a. FACILITY NAME (If not institution, give street end number)	98	. CITY, TOW	OR LOCATION OF DE			NTY OF DE			
DIRECTOR	Johns Hopkins Bayview Medical	Ctr.	Balt	imore Cit	У					
EC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY		
DIE	Maryland Baltimore			Dun	dalk			LIMITS?  1 YES 2 7 NO		
AL	10e. STREET AND NUMBER		T	10f. ZIP CODE	ualn	10g. CITI		HAT COUNTRY?		
FUNERAL	7715 Fairgreen Road			212	22	I'n	ited	States		
	11. MARITAL STATUS  1 Never Merried  1 Never Merried  1 Never Merried  1 Never Merried  1 Never Merried	U.S. ARMED	13. WAS D	ECENDENT OF HISPAN specify Cuben, Maxicer	IC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian, White, etc.		
B	3 № Widowed 4 Divorced IF YES, GIVE WAR OR DAT			ES 2 NO Specify			Specify			
COMPLETED	(Specify only highest grade completed)	16a, DECEDENT'S USI (Give kind of work life, Do NOT use re	done during		16b. KIND OF	BUSINESS/IND	USTRY			
ן ב	Elementary/Secondary (0-12) College (1-4 or 5+)				Stoin	Bros.	c Do	N. 7.00		
N O	17. FATHER'S NAME (First, Middle, Last)	Stockb	roker		ME (First, Middle, Mai		& DC	усе		
BE C	Charles Shaffer			Ruth Sw						
0 0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street	t end Number or Rural R		Town, State, Zip	Code)			
۲	Jean Wagner	3163 Ba	avbria	r Road D	undalk.	Marvla	nd 2	21222		
	PCSBuriel 2 Cremation 3 Removal from State cemet	PLACE AND DATE OF D tery, cremetory or other	ISPOSITION			LOCATION —				
	4 Donation 1 Office (Special )	k Lawn Ce	meter	y 01/12/		Baltim	ore,	MD		
	· (helm/ + 1)		Duc	and address of fac la-Ruck Fu	neral Ho					
G	23. PART i. Enter the diseeses, or complications that clused	the death. Do not	792	22 Wise Av	e. Dund	alk, M	D 21	Approximats		
	shock, or heart failure. List only one cause on each	ch line.	PEM SIS	or of office		apiratory arr	out,	interval Between		
	IMMEDIATE CAUSE (Final disease or condition sesuing in destri) . SCOSIS									
ļ	Sequentially list conditions, fit any, leading to immediate  Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):									
N	Sequentially list conditions,	nancy	1 4	ett 10	wer	extr	emit	y & mas.		
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF)						4		
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A C	CONSEQUENCE OF):								
H	resulting in death) LAST									
S	PART II. Other significent conditions contributing to deeth but	t not requiting in t	he underly	na couse alven in I	Post 1 Dec 1990	AN AUTOPSY	1.00			
<u>8</u>		t not rooming in the	ne underly	ng couse given in i	PER	FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 YES	2 □₩0		OF DEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES	Пио	UNCERTAIN				1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 20	B. PLACE OF DEATH (								
2	1 VES 2 NO 1 Monationt 2 ER/Outpet		FHER: ☐ Nursing H	ome 5 🗆 Residence	B Other (Specify)					
PHY	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		NJURY AT YORK?	28d. DESCRIBE HO	W INJURY OCC	URED			
2	2 Accident Investigation 3 Suicide 6 Could not be building, stc. (Specify	- At home, farm, stree			28f. LOCATION (Stre City or Town, St		or Rumi Ro	oute Number,		
COMPLEIE	4 Homicide defermined									
ž	29e. CERTIFIER 1 Check only one)									
3	2 MEDICAL EXAMINER: On the basis of examination	end/or investigation, in	n my opinion	death occured at the t	lme, date end place	, end due to the	e ceuse(s)	end manner as stated.		
	29b. SIGNATURE AND TITLE OF CENTURIER			AC 200	4200-DS	29d. DATE	I-2	Month, Day, Year)		
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	nt)	-	1 -	00	1.			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNAT	25 109	YVIE	W 10	terna	(n	edi	CINE		
	JAN 1 3 1995 Jahr Studion Re	J. II								
	Mars in 1220 January Am	- Park								

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

PHYSICIAN:

BY

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95 00644 Items1.10f.20c 1-13-95 GFilm719 W.H.Per F/h FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ean 2. DATE OF DEATH 3. TIME OF DEATH MALOZI 10,1995 EAR CAROL 9:50 January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 09/27/54 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 V F 40 219-62-4644 VRS Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE THE JOHNS HOPKINS HOSPITAL CITY DIRECTOR RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Dundalk Baltimore Maryland 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States 21214 707 49th Street 21224 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 XNO 1 Never Merried 2 Merried BY 1 YES 2 XNO Specify Specify: 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 4) COMPL 1 Year Legal Secretary Legal 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) Louis Malozi BE Eva MacKinnon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21224 707 49th Street Baltimore, Maryland Kristin N. Flynn 20e. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State

Wossen Maryland 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE Burlei 2X Cremetion 3 - Removal from State Hilltop Service Corp. 01/13/95 4 Donation 5. Other (Specify) 21. SIGNATURE OF PLINERAL SERD CE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222 23. PART I. Enter the dieeeses, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, **Approximats** ehock, or heert fellure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) RESPIRKTORT FALLURE 2 dAYS DUE TO (OR AS A CONSEQUENCE OF): BREAT CAUCER NETRYTATIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 WNO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 .NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO otin ' Uncertain otin '25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Propetient 2 ER/Outpatient 3 DOA

OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

5 Pending 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 8 Could not be determined

00109

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and menner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

a 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

tucure BACTIMORE W.D. Dr Otto VILLA CATON

31. DATE FILED (Mont 3 1995

1 TYES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

4 Homicide 29e. CERTIFIER

900

3 Suicide

THE CONTRACTS SIGNATURES

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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
l examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR	STATE OF MARYL	AND / DEDARTS	MENT OF U	EAITH AND	MENTAL	UVCIEN	r	0			
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Fro	CERTIFIC  d Alvin Mo	ATE OF		2. DATE	REG. NO			3. TIME OF DEATH		
- 8	Fred Med	Hora- File	d Alvin M	corare		MONTH	D.		95	10:14	Рм	
	The state of the s	5. SEX 6. AGE (	MC	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ( (Month) 02/			8. BIRTH	PLACE (State or Fore	elgn	
OR	9a. FACILITY NAME (If not institution, give stree  Johns Hokins Bays			Balt	imore C			9c. COU	NTY OF D	EATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Ba	altimore	10c. CITY, T	OWN OR LOCATIO		Demda	116		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		Dundalk						1 ☐ YES 2 ☒ NO  TIZEN OF WHAT COUNTRY?			
FUNERAL	1614 Melbourne Ro	ad Apt. F		10f. ZIP CODE 21222						United States		
5		12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D.		13. WAS DECE	NDENT OF HISPA	NIC ORIGIN	(Specify Yes		14. RACE	E — American indian		
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.)  1  YES 2 NO Specify:					Speci	k, Whita, atc.	•			
	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S US	UAL OCCUPATION done during most	of working	16b.	KIND OF BU	SINESS/INC	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 11 Years	College (1-4 or 5+)	life. Do NOT use n	eel Worl			St	teel	Indu	ıstry		
8	17. FATNER'S NAME (First, Middle, Last)	-			18. MOTNER'S NA							
BE	Edward Charles Mc	Clure			Julia :	Eliza	beth 1	Baile	У			
10	190. INFORMANT'S NAME (Type/Print)  Mrs. Nellie A. Mo			elbourne						D 21222		
	20s. METHOD OF DISPOSITION 149 Burial 2 Cremation 3 Remove	al from State	PLACE AND DATE OF E	DISPOSITION (Nam	ne of	DATE	20c. LO	CATION —	City or To	wn, Stata		
4 Donation 5 Other (Specify) Fill Mem. Gans. 1/13/95 Middle Rive									Rive	er, MD		
	21. SIGNATURE OF FUNESCAL SERVICE LICES	ISEE / /	//	22, NAME AND	ADDRESS OF FA	CILITY						
	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222										•	
	23. PART I. Enter the diseases, or core ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	OLECH TO (OR AS A	ach line.  Phermonia  CONSEQUENCE OF):		a of dying, aud	ch as cardi	ac Dr reapi	ratory ari	rast,	Approximatinterval Bationad and I	ween Daath	
CERTIFICATION	a. ASSIGNATION SACONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  a. ASSIGNATION SACONSEQUENCE OF):  b. ANOXIC BOOM IN IN INC.  CATOLOGY  DUE TO (OR AS A CONSEQUENCE OF):  c. CATOLOGY  DUE TO (OR AS A CONSEQUENCE OF):  d.											
PHYSICIAN: MEDICAL (	PERFORMED?							WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	)			
ž	DID #00 100									1   YES 2   NO		
Ž	DID TOBACCO USE CONTRI				UNCERTAI	ИПП						
3		HOSPITAL:	28. PLACE OF DEATH (	Check only one) THER:	-							
2		Inpatient 2 - ER/Outp	entient 3 DOA 4	☐ Nursing Homa		6 🗌 Other	(Specify)					
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJURY	Y 28c. INJUF Y WORI M 1 NE	K?	26d. DESC	CRIBE NOW I	NJURY OC	CURED			
- 6	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY building, stc. (Spec	— At home, farm, strac	et, factory, offica		261. LOCA City of	TION (Street a r Town, State)	and Number	or Rural F	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know								) and menner as stat	ted.	
и П	296. SIGNATURE AND TITLE OF CERTIFIER	2 11			29c. LICENSE NUI					(Month, Day, Year)		
ן מ	Mennes AT	rial m	7		4695			•	110	165		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE					ما		771	7-3		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	BEYVIEW ATURE	14070	Baltimo	re 111	<u> </u>					
	JAN 13 1995	Julia Dawa	Geor Rardall									

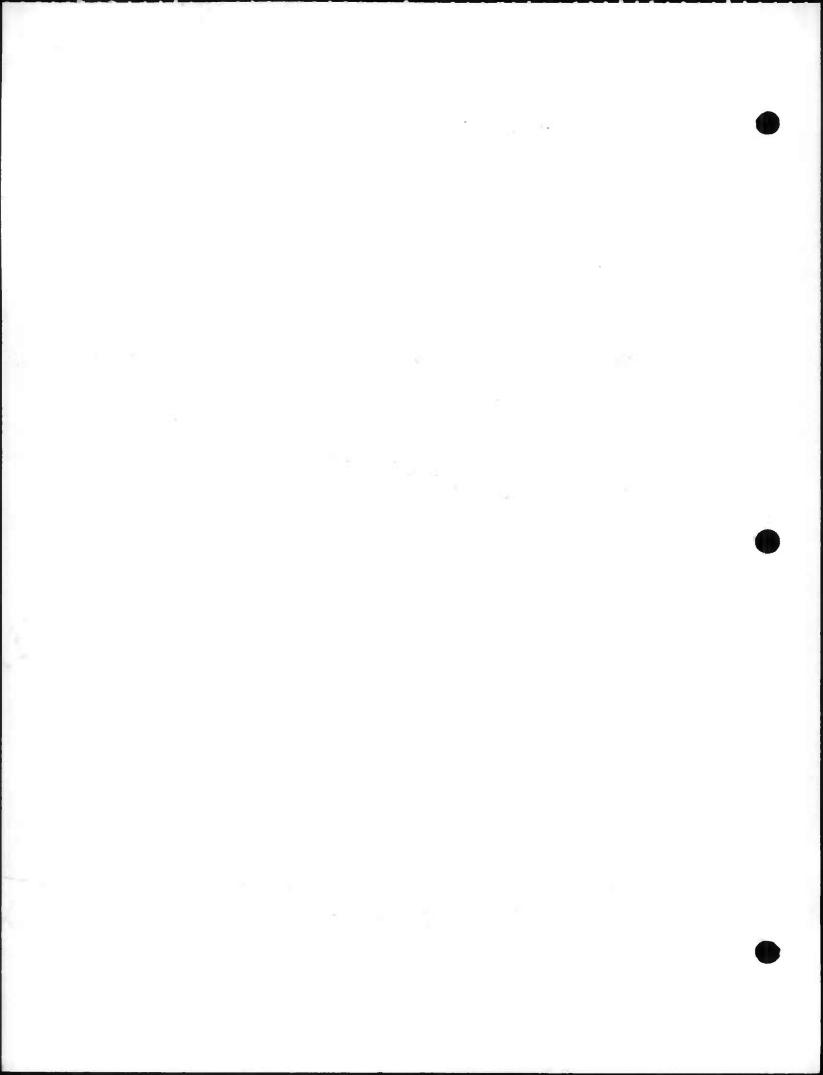
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled fully at the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT TO ME 8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR					EALTH AND	ME	NTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		3. TIME OF DEATH				
	Louise Marie	Murphy	7					an. 10	0. 1995 2:15			) M	
	4. SOCIAL SECURITY NUMBER 5. SEX	ast birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS	7.	DATE OF BIRTH			LACE (State or Fore	ign		
	212-03-2400 1 🗆 M 2 💢 F 77 YRS. MONTHS DAYS HOURS							(Month, Day, Year)	017	Country	Maryland		
	9e. FACILITY NAME (If not institution, give street and number)												
NO.	St. COUNT OF DEATH												
DIRECTOR	St. Agnes Hospital Baltimore  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100.												
R		10c. CITY	, TOWN O						10d. INSIDE CITY LIMITS?				
ō	Maryland Baltimore				1	Baltimo	re				1 - YES 2 XN	ю	
3AL	10e. STREET AND NUMBER				101.	ZIP CODE	000		10g. CITIZI		HAT COUNTRY?		
ÿ.	919 Maiden Choice Lane					21	229		US.				
FUNERAL		T EVER IN U.S. A						RIGIN? (Specify Ye	a or No- 1	4. RACE Black.	- American Indian White, atc.	19	
BY	3 NVidowed 4 Divorced	MAR OR DATES	Λ		☐ YES			,,		Specify			
	15. DECEDENT'S EDUCATION	1 40 0	ACCEDENT'S	I OC	CURATIO						White		
	(Specify only highest grade completed)	(Specify only highest grade completed) (Give ki						16b. KIND OF BU	SINESS/INDU	STRY			
PLE	Elementary/Secondary (0-12) College (1-4 or 5	+)	Bookke		•			Commer	cial	Laur	dry		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DOOKK	eper		18 MOTHEO'S	IAME /	First, Middle, Malden			ida j	_	
					ľ			Wehrenbe	,				
BE	Ferdinand Bruggem  194. INFORMANT'S NAME (Type/Print)		OF MAILING	ADDRESS	/Street or		_	Number, City or Tox		Sanda L			
임								Baltin			1207		
	Roland W. Richardson		EAND DATE O					DATE 20c. LC					
	t   Buriel 2   Cremetion 3   Removal from Stata  Donation 5  Other (Specify)						1 /5						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald  22. NAME AND ADDRESS OF FACILITY  Cromation State  Cemetery, crematory or other place)  Metro Crematory, Inc. 01/11/95  Baltimore  22. NAME AND ADDRESS OF FACILITY  Cromation Society of Maryland													
	( ) august of the Country	F. FICE	onaru		Cre	nation	Soc	ciety of					
	DWING. II COM	ald						Rd. Ba			MD 21228	3	
	23. PART I. Enter the diseases, or complications the ehock, or heart fellure. Liet only one ce	it couced the duse on each iin	leath. Do n ie.	ot enter	the mod	le of dying, a	uch es	cerdiac or reap	iratory arre	at,	Approximat Interval Bet		
- 1	IMMEDIATE CAUSE (Final										Onset and		
	disease or condition resulting in death)	ver faile	ne	del	rydi	ution					10 da	5)	
	DUE TO (OR AS A CONSEQUENCE OF):												
8	Sequentielly llat conditions, he metastatic culm CANCER									21/2 M	onthy		
Ĕ	oue to (or as a consequence of):  buse, Enter UNDERLYING												
5	CAUSE (Disease or Injury C.	(OR AS A CONSE	EQUENCE OF								-		
Ē	thet initiated events resulting in death) LAST	(On AS A CONSE	EOUENCE OF	).									
CERTIFICATION	d										İ		
AL	PART II. Other algnificant conditions contributing to	death but not	resulting is	the un	derlying	ceuee given	n Part	I. 24a. WAS AN			WERE AUTOPSY FINE		
2								1 YES		1 '	AMAILABLE PRIOR TO COMPLETION OF CAI		
ĕ										1	OF DEATH?	<	
ż	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 N	10 0	UNCERTA	IN [			1			
N N	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Check only one)									$\neg$	
Sic	1 ☐ YES 2 ☑ NO HOSPITAL:	ER/Outpetlant		OTHER		5 🗆 Raeldenc	e 6 🗆	Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28s. DATE OF (Month, L	INJURY	28b. TIME	OF T	28c. INJU WOR	RY AT	_	. DESCRIBE HOW	NJURY OCCU	RED		$\neg \neg$	
BY	1 Natural 5 Pending 2 Accident Investigation	ay, loury	1	М		ES 2 NO						- 1	
	3 Suicide 26e. PLACE C	F INJURY — At h	ome, farm, si	reet, fecto	ory, office		261	LOCATION (Street		Rural Ro	ute Number,	$\neg$	
ETED	4 Homicide determined	and (openly)						City or Town, State					
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, d	leath occurre	d at the ti	me data e	nd place, and d	un to th	A causals) and ma	nor on olated				
MOM	one) 2 MEDICAL EXAMINER: On the besis of o										and manner ee stel	104	
	29b. SIGNATURE AND TITLE OF CERTIFIER							FARE SEE				-	
出	you Offer ins					29c. LICENSE N					Month, Day, Year)	005	
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH //TE	FM 27) /%ne	Print)		- ( - 6			JE	ıııud.	ry 11, 1	フフノ	
	YUUNNE OTTAVIANO			,	AU	E QA	1.T1	MURE	MA	2/2	.7 6		
	31. DATE FILED (Mooth, Day Man)	AT SHEW WHILE	- 677	, , , ,	110	- BA	-11	- CVICE	. , ,	-14	- 7		
	JAN 1 3 1995	- CONTRIVINE										- 1	
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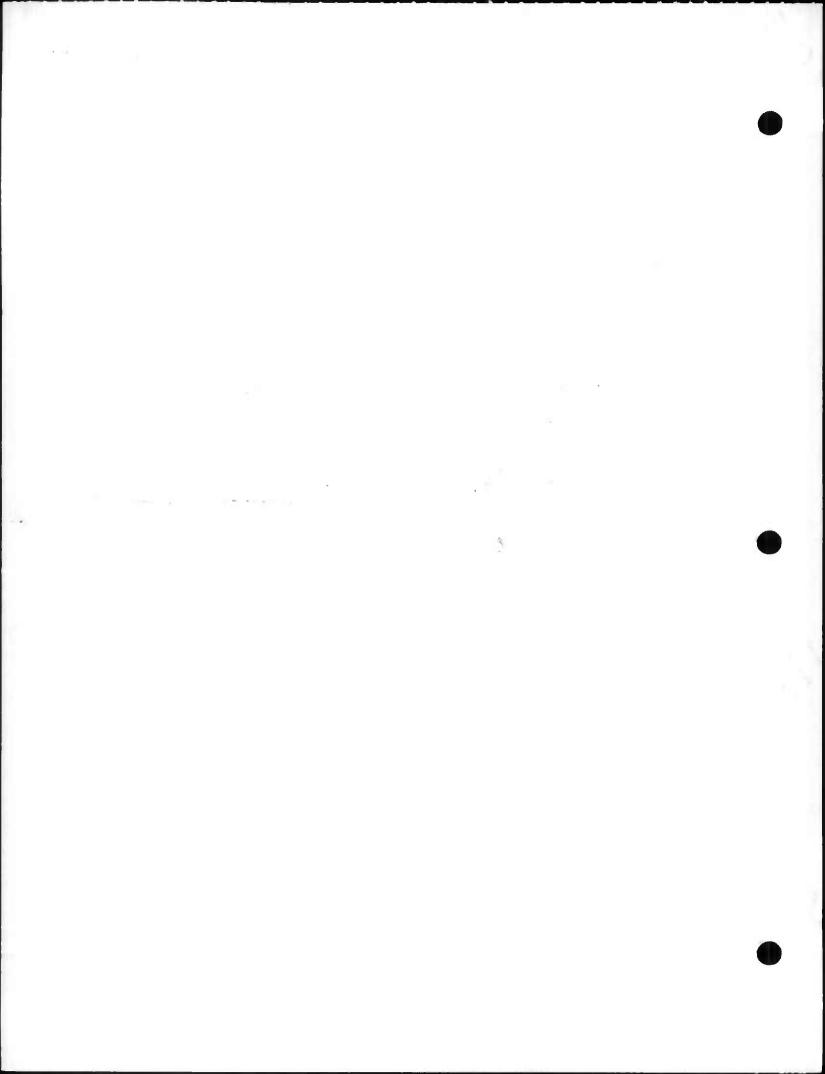
8 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE-COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	VPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should al.	IU THE FUNEXAL, UNEXCIUN. After mis certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

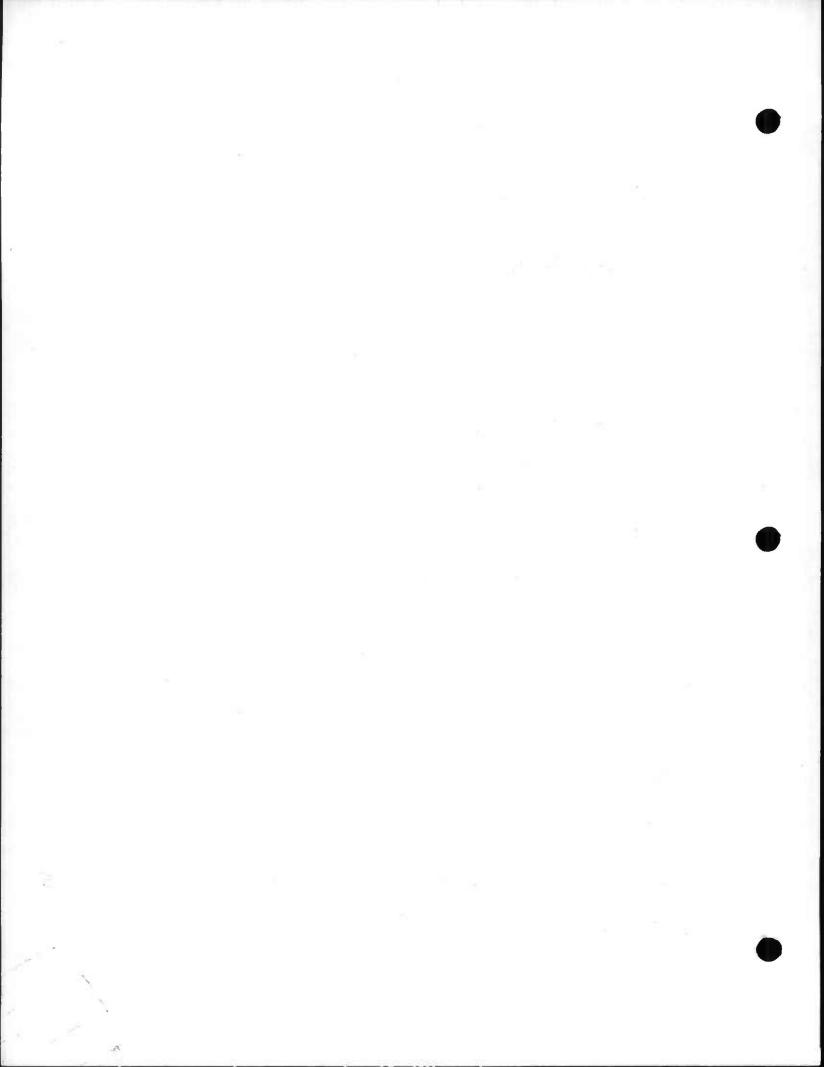
	REGISTRAR		CERT	IFICA	E OF	DEAL	Н	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Vathorino	Murphy					2. DATE OF D	DEATN	Υ	YEAR	3. TIME OF DEATH	
		Katherine						Jan. 10			995	9:18 a M	
	4. SOCIAL SECURITY NUMBER 220-09-6001	5. SEX 6. A	GE (In yrs. lest birtho	MONTH	DER 1 YEAR	HOURS 2	24 HRS.	7. DATE OF B (Month, Day			8. BIRTH Countr	IPLACE (State or Foreign ry)	
			/ / YR	S.				Aug. 1		17		Maryland	
	90. FACILITY NAME (If not institution, give s 4205 Raspe Aver	street end number)		9b. CI		OR LOCATIO		ATH		9c. COU	NTY OF D	EATN	
BY FUNERAL DIRECTOR		iue			Da.	ltimo	re						
[ [ [	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	γ	10c	CITY TOW	I OB LOCA	TION						10d. INSIDE CITY	
<u> </u>	Maryland			oc. city, town or location Baltimore								LIMITS?	
-	10e. STREET AND NUMBER								1 V YES 2 NO				
A A	4205 Raspe Avenu		101. ZIP CODE 21206						10g. CITIZEN OF WHAT COUNTRY?  USA				
N I	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN II S ADMED	1.	2 446 050				10.00				
E	1 Never Merried 2 Merried	FORCES? 1 1	ES 2 NO	- 1'	If yes, sp	DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No., specify Cuben, Mexican, Puerto Rican, etc.)					14. RACE — American Indian, Black, White, etc.		
	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES		1 [] YES	2 X NO	Specify:				Speci	White	
8	15. DECEDENT'S EDU	CATION	16a. OECEDER	IT'S USUAL	OCCUPATION	ON		16b. KINS	O OF BUS	INESS/INC		WILLEE	
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	of work dor OT use retired	e during mo !.)	ast of working	7						
AP.	12		Home	maker				Own	Hom	ie			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAM	IE (First, Middle	, Meiden S	Sumeme)			
BE (	James Jaco	ob Jung				Ţ	Wini:	fred J	eane	tte	Dipp	el	
TO E	19e. INFORMANT'S NAME (Type/Print)							oute Number, Ci					
F	William K. Murph	ny, Jr.	810	Bond	Avent	ie Re	eist	erstow	n, M	D 21	136		
	20s. METNOD OF DISPOSITION 1 Buriel 2 Tremetion 3 Rem	oval from State	20b. PLACE AND DA					OATE	20c. LOC	CATION —	City or To	wn, State	
	4 Donation 5 D Other (Specify)		cemetery, cremetory Metro Cr	emato	ry,	Inc.	01/	11/95	Ba	1tim	ore,	MD	
	A Donation Crematory, Inc. 01/11/95 Baltimore, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald  Cremation Society of Maryland, Inc.										т		
	- Walling 1	Max long	ld										
	23. PART i. Entar tha diseases, or	complications that car	ised tha death, i	Do not ant	ar tha mo	de of dvin	erici	ss cardiac	or respir	TC1M	ore.	MD 21228	
	shock, or heart failura.	Liat only one cause of	n aach iina.			,			3550			Intarvai Between	
	iMMEDIATE CAUSE (Final disesse or condition	100	)									Onset and Death	
	resulting in death)	OUE TO (OR	AS A CONSEQUENC	E OF):									
2												1	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQUENC	E OF):								1	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initisted events	DUE TO (OR	AS A CONSEQUENC	E OF):									
	resulting in death) LAST	d											
	PART II. Other significant condition	a contributing to das	th but not resulti	ng in the	underlyin	n causa di	van in P	art i 24a	WAS AN A	UITOREY	245	. WERE AUTOPSY FINDINGS	
EDICAL			wat not result	rig iri tila	urracityiii	g causa gr	ven in r		PERFORI	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ 1	YES 2	NO		OF DEATN?	
Σ	DID TORACCO LICE CONTE	DIDLITE TO CALLC	OF DEATH	ven of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		_				1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	KIROTE TO CAUSE	28. PLACE OF		NO L	JUNCE	RTAIN						
S	EXAMINER?	HOSPITAL:		ОТН	ER:	- V	DI-COLOR D						
×	27. MANNER OF OEATN	1 Inpatient 2 ER/		TIME OF	28c. INJ			Other (Spe		IUDY OOG	DUDEO		
- 10	1 Natural 5 Pending	(Month, Day, Ye		INJURY	WO	PRK?	- 1	28d. DESCRIB	E NOW IN	JUHY OCC	UHED		
B	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJ	URY — At home, fe	m. street, fr			-	281. LOCATION	(Street or	nd Number	or Primit 5	Provide Alcombac	
	4 Nomicide 8 Could not be determined	building, etc. (	Specify)	,,	,,		- 1	City or Tow		na rearmon	OF FIGURE 11	oute Number,	
9	29e. CERTIFIER			-									
COMPLETED	Check only 1 CERTIFYING PHYSI	CIAN: To the best of my k											
9		R: On the basis of exemin	ation end/or investi	gatton, in my	ориноп, а	eath occured	d at the ti	me, date end	plece, snd	due to the	a ceuse(s	) end menner ee stated.	
	96. SIGNATURE AND TITLE OF CENTIFIER	11.1.1				29c. LICEN	ISE NUMB	BER		29d. DATE	SIGNED	(Month, Day, Year)	
5	JANON E	Mary				6	165	4		P 11	(O)	/ >	
	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF	LZIZ	TUNK	LO.	BAZ	T. A	10. 2	SIZI				
1	31. OATE FILED (Month, Day, Year)												
	JAN 1 3 1995 A	32AREGISTRAR'S	artali										





1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		A DECEDENTION HAME (CI-	141-1-11-11-11								_	TICO. IVC			
		1. DECEDENT'S NAME (First	, MIOOIB, LEST)								2. DATE MONT	OF DEATH	AY	YEAR :	B. TIME OF DEATH
	1			Elizabe		Noel					Jan	1(	) 19	95	M
		4. SOCIAL SECURITY NUMBER		5. SEX		rs. lest birthday)	MONTHS	DAYS	HOURS	24 HRS.		OF BIRTH		8. BIRTHPI Country)	.ACE (State or Foreign
亨		216-32-92		1 M 2 KF	57	YRS.			1,00,10		FE	B 11	37	MD	
Should		9e. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											TY OF DEA	TH	
2, 3	DIRECTOR	1330 Laure	ens Str	reet			Bal	to							
<del></del>	5	RESIDENCE OF DEC	10b. COUNTY	,											
200	2	Md	IOD. COOK I				TY, TOWN ( T (T) ()	OR LOCA	TION					1	Od. INSIDE CITY LIMITS?
100. STREET AND NUMBER  107. ZIP CODE  109. CITIZE										1 X YES 2 NO					
									ZEN OF WHAT COUNTRY?						
									SA						
UZU physician. burial-trar	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14, RA 11 Never Married 2 X Married PORCES? 1 Yes 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)									14. RACE - Black, 1	- American Indian, White, etc.				
The property of	BY	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATE	S			NO XX					Specify:	Black
J g %	ED	15 DEC	EDENT'S EDU	CATION	1 40	- 0505051171									DIACK
272 il or att for use	ETE	(Specify onl	y highest grade	completed)	4.75	(Give kind of life, Do NOT u	work done			ng	16b	KIND OF BU	SINESS/INDI	USTRY	
oital o	121	Elementary/Secondary (6	)-12)	College (1-4 or 5	+)		ioo rourou.j					Nursin	g Home		
the hospit e detached	COMPL	17. FATHER'S NAME (First, M	Reletto Lant)					_							
		James Wat										Middle, Maiden	Surname)		
		19s. INFORMANT'S NAME (									Chapp				
retained by 5 should b	2											per, City or Tow			
(5)		Sheila Cut		er					ne Ro	oad		to, Md			
1. Page 6 may by real director, page		1 X Burial 2 Crematic	n 3 🗌 Rem	oval from State	20b. PL. cameter	CECTATO DATE	OF DISPOS	COM	eme of	,	1149		CATION — C		l Co, Md
BALLIMOR  ter death. Page 6 m. the funeral director.  yal.  al examiner must		4 Donetion 5 Other  21. SIGNATURE OF FUNERA		ENGEE	1	Cedai			ND ADDRE			J AII	ile Ai	unde	i co, ma
ALLIN death. Pag tuneral di tuneral di tuneral di examiner	1 .	10	113000000000000000000000000000000000000		L	-	_ 22.		ch F/						
hours after death.  ed in by the funeral or removal.  medical examin			nu		MAD		R	430	O Wa	hash	AVE	nue B	alto	Md 2	1215
E 3 & a		23. PART I. Error the d	iseases, or c	complications the	t caused th	ne death. Do	not enter	the mo	de of dy	ing, auc	h aa carc	liec or reap	ratory arre	ent,	Approximate
filled in on, or re	1 1	IMMEDIATE CAUSE (Fir		List only one can	ise on secn	i line.									Onset and Death
within 24 Inpletely fille cremation,	1 1	disease or condition resulting in death)		CARDIS	PULM	LONAR	- A	2-25	ST						
completely ial, cremati		Todami,		CARDIS	(OR AS A CO	ONSEQUENCE C	)F):								1
executed with and complet to burial, crer	z			Benay	Fai	ilure									!
e be execute sician and control to burie traumatic	일	Sequentially list conditi if any, leading to imme-	diate												
ficate be ophysician ne prior to	ERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or Inju		DUE TO	etes	Hell	itus								
n certificat nding phy Hygiene p	쁘	that initiated events resulting in deeth) LAS		-		INSEQUENCE C	NF):								
F E E F	8	reading in deed) EAS		. Sep	Sis										
9 4 Z =	C	PART II. Other eignifica	nt condition	e contributing to	deeth but i	not resulting	in the ur	derivin	a cause o	lven in	Part i.	24s. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS
any L	EDICAL							,				PERFO	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
requires that een signed by of Health and shows any	8										-	1 TYES 2	DKNO.		F DEATH?
sho sho	Σ	DID TOBACCO U	SE CONITI	DIDLITE TO CA	LICE OF I	DEATH V	FC []	IO F	1 11110	EDTAIL				1	YES 2 NO
law law	AN	25. WAS CASE REFERRED TO		CIBUTE TO CA		PLACE OF DEA				ERTAIN	A IX				
二年 共司 旨	SICIAN	EXAMINER?	J MEDICAL	HOSPITAL:			OTHER	3:							
SICIAN: The State of their liber liber	PHYS	27. MANNER OF DEATH		1 Inpetient 2 I		ent 3 🗆 DOA			e 5 KRe	eldence					
Physician: this certifica with the St	ā	-	Pending	(Month, D	lay, Year)		JURY		PRK?	7.00	28d. DES	CRIBE HOW I	NJURY OCC	URED	
SW M	JA	2   ACCIONIN	Investigation	28 PLACE C	E IN HERV	At home, farm,	****		YES 2	NO					
1 1 1 1 E			Could not be determined	building,	atc. (Specify)	At nome, term,	street, tact	огу, опіс	•	- 1	City	ATION (Street or Town, State)	and Number (	or Rural Rou	te Number,
OR ATTENDING DIFECTION OF Nows after daily	8	29e. CERTIFIER										_			
3 32 =	0.	(Check only	TEYING PHYSIC	CIAN: To the best of	my knowledg	e, dasth occur	red at the t	me, deta	and place,	and due	to the cau	se(s) and ma	nner se state	d.	
HOSPITAL FUNERAL WITH 72	(Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, deta and piece, and due to the cause(s) and manner se stated.  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner se stated.  29th. SIGNATURE AND TITLE OF CENTRIES  29th. SIGNATURE AND TITLE OF CENTRE								nd manner as stated.						
3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3									onth, Day, Year)						
5 5 3 M	TO B	Leen	چی مو	ale	oun				D4	50	18		JA	11 Cm	2,1995
	-		4	COMPLETED CAU											
$\bigcirc$		KICHARD A	Kelte	on M.D.	22	2 5.6	reen	je :	5+,	T/A	itm	DRE, L	1D .	2/20	)
_ 7		31. DATE ELED (MONITY)DOUG	995 9	12. ARGISTIN	or Start	ALL.									
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG	NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA			3. TIME OF DE	ATH
	JOSEPHINE ANN OSMEYE	-B				JANUARY	8, 1995	YEAR	10:35	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. la	at himbelood   m	UNDER 1 YEAR	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_	,,,
	4. SOCIAL SECONITY HOMBEN		MC	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	nr)	6. BIRTHE	PLACE (State or	Foreign .
	324-18-2336	1 M 2 F 86	YRS.			FEBRUARY :	3 1908	CHTCA	GO. TLL IN	nts
	9a. FACILITY NAME (If not institution, give s		91	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						
œ	GREATER BALTIMORE MED	TCAL CENTEED	١,							
일	RESIDENCE OF DECEDENT	TUAL CONTER		TOWSON			BAL	INMINE		
ပ္ပ	10a. STATE 10b. COUNTY	,	100 CITY T	OWN OR LOCAT	ION				10d. INSIDE CI	-
œ					ion			1	LIMITS?	IY
0	MARYLAND BALTIMO	JKE	T COCKE!	/SVILLE					1 YES 2)	ON D
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY	?
<u>cc</u>	214 CRANBROOK ROAD			2	1030			USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AI	MED		ENDENT OF HISPAN	IIO ODIONIO D			1000	
교	1 Never Married 2 Married	FORCES? 1 YES 2 X		If yes, spe	city Cuban, Maxica	n, Puerto Rican, et	:.)	Black,	<ul> <li>American in White, etc.</li> </ul>	dian,
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES "		1 TYES	2 NO Specify	r:		Specify		
		1		1					WHITE	
Ш	15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S US	UAL OCCUPATION done during mos	N st of warking	16b. KIND O	BUSINESS/INI	DUSTRY		
m	Elementary/Secondary (0-12)		Do NOT use re	etired.)	a di manang					
<u>_</u>	8	HOUS	SEWIFE			HOLE	SEKEEPIN	3		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				19 MOTHED'S NA	ME (First, Middle, M				
							even sumeme)			
BE	STANISLAV PIETRAS				ANNE UNKN					
0	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City of	r Town, State, Zij	Code)		
F	WILLIAM E. OSMEYER	5:	1 WOODLA	ND DRIVE	SHREWSBE	RRY . PEN	SYLVANTA	A 1730	61	
1	20m. METHOD OF DISPOSITION	20b. PLACE		DISPOSITION (Na		7	c. LOCATION —			
	1 Donation 5 Other (Specify)	oval from State cemetery cri	ematory or other	place) TNIC	JANUARY 11					
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		CHOMATUR				ALTIMORE	, MARYI	LANU	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA					
	Marcah- En	and Han- Trac	2		FUNERAL H					
-		ad tuno lik	<u> </u>	17401 RF	LATR ROAD	BALTIMOR	MARYL	AND 21:		
	23. PART i. Enter the diseasee, or o shock, or heart fellure.	complications that caused the de List only one cause on each line	eem. Do not	enter the mod	de of dying, auci	h aa cardiac or	eapiratory an	rest,	Approxi	mate Between
	IMMEDIATE CAUSE (Finel	1 1 0								nd Death
	disease or condition	My borema							1 4	don
	resulting in death)	DUE TO (OR AS A CONSE	OHENCE OF:							- 7
		1	OULHUL OF J.						7/	, /
8	Sequentially list conditions,	b. Johanna							20	vo./
Ĕ	If any, leading to immediate	DIE TO (OR AS A CONSE		10411					2	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Old with	of when	otino					24	h .
田	thet initiated evente	DUE TO (OR AS A CONSE	OUENCE OF):						,/	
눈	reculting in deeth) LAST	· Acre horner	who i	northren	2				64	1-
CERTIFICATION		6.			2				- 1	
	PART II. Other eignificent condition	e contributing to death but not	reculting in t	he underlying	cause given in	Part I. 24s. W	S AN AUTOPSY	24b.	WERE AUTOF SY	FINDINGS
EDICAL	astrointestan/	Hickory		0			RFORMED?		AVAILABLE PRIC	PR TO
<u> </u>						— 1 <sup>1</sup> <sup>1</sup> <sup>1</sup>	S 2 1 10		OF DEATH?	
×	I atris phillet					_			1 - YES 2 -	NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEA	ATH YES	☐ NO ☑	UNCERTAIN	4 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLA	CE OF DEATH (	Check only one)						
ا <u>ښ</u>	EXAMINER?	HOSPITAL: 1 M Inpatient 2 - ER/Outpatient 3		THEA:	400					
ξĮ	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME O		5 Residence					
ā	1 Natural 5 Pending	(Month, Day, Year)	INJURY			26d. DEŞCRIBE H	OW INJURY OC	CURED		
ВУ	2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stree	et, factory, office		28f. LOCATION (S		r or Rural Ro	oute Number,	
2	4 Homicide	sanding, and (opocity)				City or Town,	otare)			
*	29a. CERTIFIER									
Æ	(Check only	CIAN: To the best of my knowledge, de								
COMP	one) 2 MEDICAL EXAMINE	R: On the basis of exemination and/or	Investigation, I	n my opinion, de	eath occured at the	time, data and plac	e, and due to th	ne cause(s)	end menner as	stated.
0	29b, SIGNATURE AND TITLE OF CHAPTER			Т	29c. LICENSE NUN	IBED	204 847	E SIGNED	Month Day 14	
BE					.4		29d. DAT		Month, Day, You	
	/ W . 1 . 5 .			- 1	1)-/~	15/		1- 8	-95	
0	/Min/Von	usy			D-14	/ - /				
2	30. NAME AND ADDRESS OF PERSON WHO	O SOMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Pri	nt)	0 1 5	P				
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED, CAUSE OF DEATH (ITE	M 27) (Type, Pri	og Har	ford Rd.	Balt	imore,			+
5	30. NAME AND ADDRESS OF PERSON WHITE TO A PROPERTY OF THE PROP	O COMPLETED, CAUSE OF DEATH (ITE	M 27) (Type, Pri	og Har	ford Rd	Balt	imore,			+

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	Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an arter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If form 20 to marginal as them 22 above said indicate an other other designs around the marginal accomplishing as a contract of the said of

	FOR STATE OF MARYLAND / CF	DEPARTMENT OF HERTIFICATE OF		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)		DEATH	2. DATE OF DEATH		3. TIME OF DEATH				
	Ruth Posey  4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last			MONTH D	7/95 YEAR	9.47 PM				
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	11	THPLACE (State or Foreign				
- 1	216-34-5287 10 M2 XF 57	7 YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	aryland				
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF					
۳ ا	Univ. of MD Hospital	Belti			,	DEATH.				
DIRECTOR	RESIDENCE OF DECEDENT									
2	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10									
	MD.  100. STREET AND NUMBER  1216 N. McCulloh Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NOVO II you specify Cuben, Mexican, Puerto Ricen, stc.)  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— I4. RACE—Bleck, with the policy of the po									
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FUNERAL										
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BY	3 Wildowed 4 Divorced		2-1 NO Specifi			Oly: Black				
	15. DECEDENT'S EDUCATION 16a. DEC	EDENT'S USUAL OCCUPATION	N	T see MIND OF BUIL	SINESS/INOUSTRY					
COMPLETED	(Specify only highest grade completed) (Give	re kind of work done during ma Do NOT use retired.)		166. KIND OF BU	SINCSS/INOUSTRY					
2	Elementapy/Secondary (0-12) College (1-4 or 5+)	Domestic								
<u></u>	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
	Raymond Posey			r Sewell						
O BE	19e. INFORMANT'S NAME (Type/Print) 19b.	MAILING ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)					
۱ ۲	Esther Meads	3009 Chel	sea Ter	race Bal	to.,MD.	21216				
		ND DATE OF DISPOSITION (Na		DATE 20c. LO	CATION — City or 1	lown, State				
1	100	natory or other place)	al Pk. 1	./95   Ar	butus,	MD.				
}	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		D ADDRESS OF FA	CILITY 17	21-27 r	.Monroe				
	Doretto Texto CFSP #2	281 E.L.	Phillip	s F/H Ba						
	23. PART i. Enter the diseasea, or complications that caused the dea		_			Approximats				
	shock, or heart failure. List only one cause on each line.		ac or aying, ade.	ir so cardiac or reap	ratory sirest,	Interval Batween				
	IMMEDIATE CAUSE (Final disease or condition (0) (0)	Canler				Onset and Death				
1	resulting in death) a	UENCE OF):								
z						_ i				
2 ∥	Sequentially list conditions, If any, leading to immediate	UENCE OF):								
HILICALION	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	that initieted eventa OUE TO (OR AS A CONSEQUENCE TO (	UENCE OF):								
ב ה	d	-			<u> </u>					
ا ټ	PART ii. Other significant conditions contributing to death but not re-	aulting in the underlying	cause given in	Part I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC				1  YES 2	□ NO	OF DEATH?				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT	H YES I NO IZ	LINCEPTAIN			1 TES 2 NO				
Š	25. WAS CASE REFERRED TO MEDICAL 28. PLACE	OF DEATH (Check only one)	OTTCERIAII							
TSICIAN:	EXAMINER?  1 \$\infty\$ YES 2 \( \text{ NO} \)  1 \( \text{ Inpetient 2 } \( \text{ ER/Outpatient 3 } \)	OTHER:	e 5 🗆 Residence	8 Other (Specify)						
	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF 28c. INJ	URY AT	28d. OEŞCRIBE HOW II	NJURY OCCURED					
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		RK7 /ES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, ferm, street, factory, office		281, LOCATION (Street	and Number or Rural	Route Number,				
	4 Homicide determined			City or Town, Stete)						
	29e. CERTIFIER (Check only   1 CERTIFYING PHYSICIAN: To the beat of my knowledge, deat	th occurred at the time, date	and place, end due	to the cause(e) end mer	ner ee stated.					
5	one) 2 MEDICAL EXAMINER: On the beele of examination end/or im					(e) end menner es stated.				
3	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	ISER	29d. DATE SIGNE	D (Month, Day, Year)				
	Buy & Rollom MO		03903		D1/7	195				
4	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)				-				
	Bruce L. Rollman, MD U.	27) (Type, Print)  My Hosp.	2/ 22.	5. Green St. 1.	3. Hs, ME	7 71201				
10-	31. DATE FILED (Month, Day, Yeer) 32. REGISTRAR'S SIGNATURE									

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BALTIMORE, MARYLAND 21215-002	60	
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09/90	ecuted within 24 hours after death. Page 6 may be retained by the hospital or attending phys	

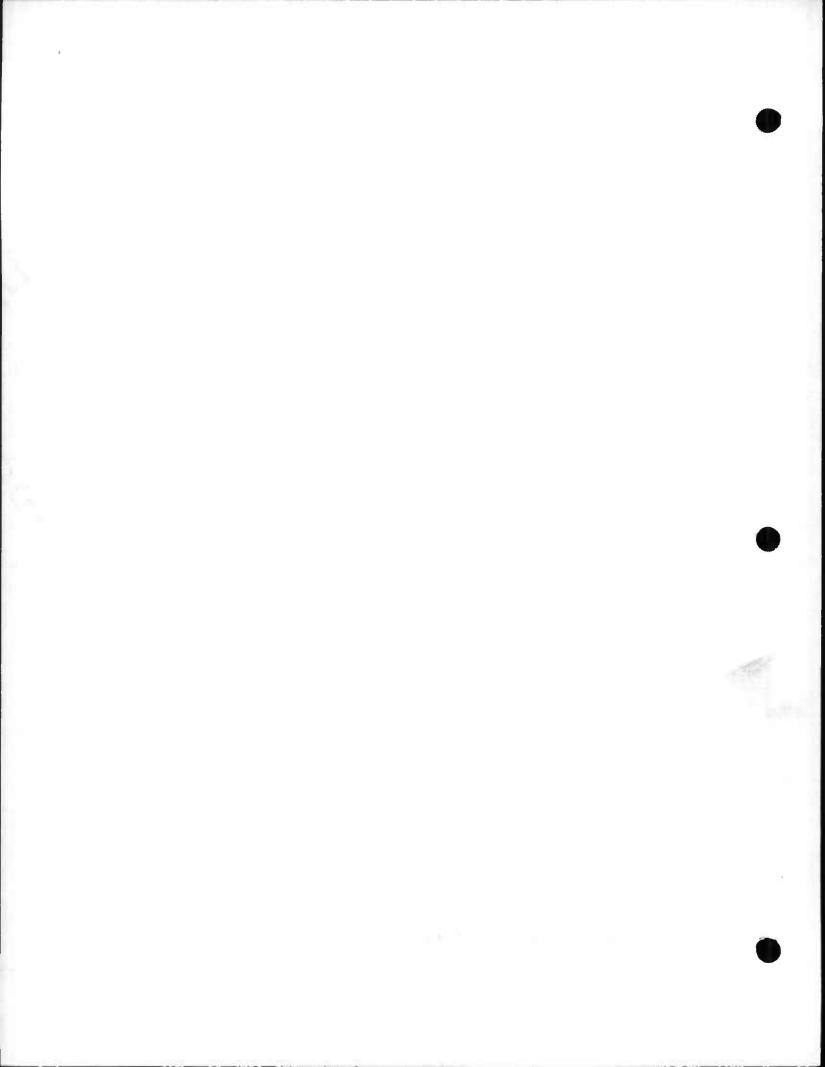
DIVISION OF VITAL RECORDS, P.O. BOX 687

NOWE PHYSICIAN: The law requires that the death certificate be exer

1	•	FOR STATE REGISTR	ΑR
1	. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	t, Middle, Last) ES LEV	WIS Poe	TZSCI	7			2. DAT	TE OF DEATH	AY	YEAR 95	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	BER	5. SEX 6	. AGE (In yrs. I	est birthday) IF	UNDER 1 YEAR			E OF BIRTH		a. BIRTH	PLACE (State or Foreign
목		214-16-3258		1 💢 M 2 🗆 F	73	YRS.	NTHS DAY		De	onth, Day, Year)	1921	Mar	ryland
, 3 should	E	90. FACILITY NAME (II not II Sinai Hospi		et and number)		96		more Ci			9c. COUI	NTY OF DE	EATH
s 1, 2,	5	RESIDENCE OF DEC	10b. COUNTY						Ly				
permit. Pages	DIRECTOR	Maryland	IOU. COUNTY			10c. CITY, TO							10d. INSIDE CITY LIMITS?
permit	1 1	10. STREET AND NUMBER				Dart		City 101. ZIP CODE			10g. CITI	ZEN OF W	1 YES 2 NO
ansit	UNERAL	3006 W. Nor	thern P	arkway				21215	U.S.	Α.			
burial-transit	5	11. MARITAL STATUS  1 Never Married 2 X		12. WAS DECEDENT	YES 2		13. WAS D	ECENDENT OF HI specify Cuban, M	SPANIC ORIG	SIN? (Specify Ye o Rican, etc.)	s or No-	14, RACE Black	- American Indian, White, etc.
as the b	ЭВУ	3 Widowed 4 Divo		IF YES, GIVE WAY			1 - Y	ES 2 X NO S	pecify:			Specifi	WHite
nse	ETED	(Specify onl	Y highest grade co	ompleted)	1	ECEDENT'S USU Give kind of work to Do NOT use re	done during	TION most of working	10	8b. KIND OF BU	SINESS/IND	USTRY	
hed for	1 1 1	Elementary/Secondary (0	0-12)	College (1-4 or 5 +) 5 +			ist			Commer	ricial	Art	rict
detached once.	COMPL	17. FATHER'S NAME (First, M				-		18. MOTHER	S NAME (First	, Middle, Maiden		711 0	,130
uld be	BE	Paul	Conrad	Po				Mary		izabe		Lutz	
page 5 should the notified	2	196. INFORMANT'S NAME (TyperPrint)  Mrs. Virginia C. Poetzsch  195. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same as #10											
ector,		20a, METHOD OF DISPOSIT  1 X Burlel 2 Cremetic  4 Donation 5 Other	on 3 🗆 Ramov	el from State	cemetery, ci	AND DATE OF D	place)	(Name of St 1/)	1		wings		n, Stata 1 s , Md .
funeral directions		21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE Paul L	. Harts			AND ADDRESS O					21214
the fur wal.		faul I	Darto	schotz.			Leon	ard J.	Ruck,	Inc. 5	305 H	larfo	rd Rd.
or remove medical		23. PART I. Enter the di ahock, or h	iseesea, or co eert fellure. Li	mplications that o	eueed the d	eath. Do not	enter the r	mode of dying,	auch aa ca	rdiec or reap	iratory arr	eat,	Approximate interval Between
y filled tion, o		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Small CELL Lung CANCER										Onset and Death	
ompletely il. cremar event,		resulting in death)	→ a.	DUE TO (O	R AS A CONSI	ELL L	· U 7 G	CAH	16515				13 ma
by the attending physician and completely filled in by the funeral and Mental Hygiene prior to burial, cremation, or removal. by Injury, or other traumatic event, the medical examin.	CATION	Sequentially list conditions,  Due to (or as a consequence or):										5 hr	
prior r trau		if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or inju	ING	-	in to								13 mo
ding phy lygiene p	CERTIFI	that initiated events resulting in death) LAS			R AS A CONSE								
ental Hy	S		d										6 mo
ed by the att th and Menta any injury,	EDICAL	PART II. Other algnifice	ent conditiona	contributing to de	eath but not	reculting in ti	ne underly	ing ceuse give	n In Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
en signed of Health a hows any										1 TYES 2	₽NO		COMPLETION OF CAUSE OF DEATH?
5 6 G	. M	DID TOBACCO U	SE CONTRI	BUTE TO CAU	SE OF DEA	ATH YES	WNO	□ UNCERT					1 TES 2 NO
certificate has be the State Dept. d, or Item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL			CE OF OEATH (C	Check only on						
he Sta	YSIG	1 TYES 2 100		HOSPITAL:			Nursing H	ome 5 - Raside	nce 6 🗆 Oth	ner (Specify)			
8 13	ву Рн		Pending Investigation	28e. DATE OF IN (Month, Day,		28b. TIME OF INJURY		NJURY AT WORK? YES 2 NO		ESCRIBE HOW I	NJURY OCC	URED	
and Ather		3 Suicide 8	Could not be detarmined	26a. PLACE OF I building, atd	NJURY At h	ome, farm, stree	t, fectory, of	fice	281. LO	CATION (Street of your Town, State)	and Number	or Rural Ro	oute Number,
51	불	29a. CERTIFIER (Check only	IFYING PHYSICIA	AN: To the best of my	knowledge, d	eath occurred at	the time, de	ite and place, and	due to the c	ause(s) and mar	mer as state	ed.	
17	COMPLETE												and menner as stated.
TO THE HU be filed with	BE C	296. SIGNATURE AND TITLE		, ,				29c. LICENSE			29d. DATE	4 6	(Month, Day, Year)
Do M		1 1/1			4			DILL	1636		N	101	
				WELLS, &		14 000 ~		דויע	1020			191	95
	TO E	30. NAME AND ADDRESS OF Frank D.  31. DATE FILED (Month, Day, JAN 1 3 19	F PERSON WHO	COMPLETED CAUSE		M 27) (Type, Prin			-	Pilces	ville	1,,	



PHYSICIAN: MEDICAL CERTIFICATION

ВУ

COMPLETED

BE

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296. SIGNATURE AND MILE OF CERTIFIER

JAN 13 1995

30. NAME AND ADDRESS OF PERSON WHO CO

	MS: 20a,b,c PER m7,Film719			95 reb							95	0	0652	
	FOR STATE REGISTRAR	,1/13		MARYLAN	D / DEPA CERTIF	RTMEN FICAT	IT OF I	IEALTH DEA	AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First,  Carroll Jo		Passapae								Ĩ, 19	995	3. TIME OF DEATH 6:05 P. M	
	4. SOCIAL SECURITY NUMBER 212-05-3068	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yr.	MONTHS DAYS HOURS MIN. (Month, Day, )				7. DATE OF BIRTH (Month, Day, Year)	1914	Count	HPLACE (State or Foreign (ry)  Cyland			
TOR	90. FACILITY NAME (# not in Good Samari	tan Nu		nter			timo:				9c. COU	INTY OF D	EATH	
DIRECTOR	100. STATE  Maryland	10b. COUNTY	more Cou	nty		TY, TOWN	or Local	rion					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
8	100. STREET AND NUMBER 1 Verity Co		101, ZIP CODE 21236						10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
	11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo	YES 2 WAR OR DATES	2 NO If was specify Cuthan Mexican Puerto Bloom etc.)						e or No—		E — American Indian, k, White, etc.			
COMPLETED	15, DEC (Specify only Elementary/Secondary (0	4)	(Give kind of work done during most of working life. Do NOT use retired.)						usiness/industry Electric Company					
BE COI	17. FATHER'S NAME (FIRST, M Carroll Jos	eph Pa	ıssapae,	Sr.						ME (First, Middle, Melden Unknown H				
10	Eileen Marg	aret F	assapae '		l Ver	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1 Verity Court, Baltimore, Maryland 21236								
	2Go, METHOD OF DISPOSITE 11 Burial 2 → Grematic 4 □ Donation 5 □ Other	m 3 🗍 Rem (Specify)	Sant School School	HILL	top S			_	_		MURY U			
	00	SIGNATURE OF FUNERAL SERVICE LICENSEE					415 I	C. Mi Belai	ller r Ro	, Inc. ad, Balti			ryland 21206	
	IMMEDIATE CAUSE (FIR	eert fellure.	complications the List only one cau	ise on eech	line.							rest,	Approximata Interval Between Onset and Deeth	
	disease or condition resulting in desth)  a.   DUE TO (OR AS A CONSOURCE OF):								is		10mm			

Sequantisity liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate csuse, Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) end manner ee stated.

MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(e) end manner as stated.

no

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

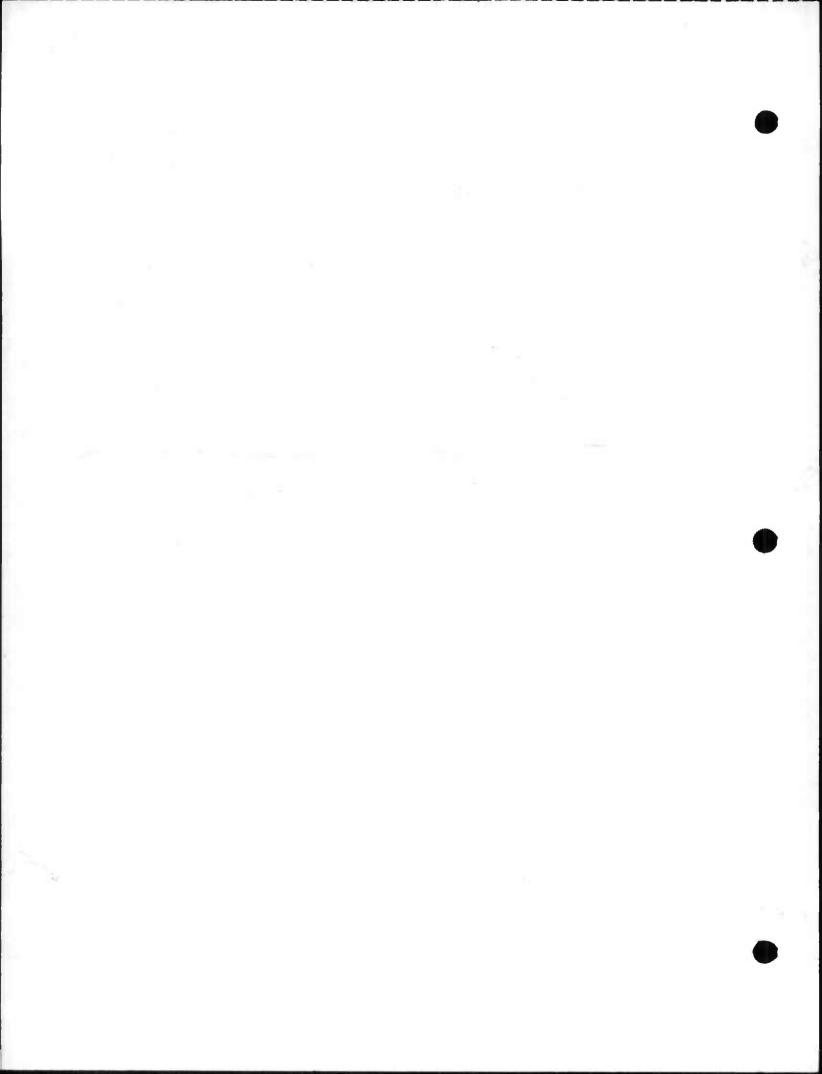
31 REGISTRAR'S GNATURE

29c. LICENSE NUMBER

20390

29d. DATE SIGNED (Mgnth, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician
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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ordering physician.	defined the State Dept. of the aterioring presonant and comparing metern by the further director, page 3 should be detached for use as the burna-transit permit. Pages 1, 2, 3 should be the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 EUNERA UNBERTION SHOWN THE PROPERTY OF THE	violety. One common with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	TANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEAT	Н
1	George	OSS	S					uary 1	Ϊ, 19	95	2:35	Рм			
	4. SOCIAL SECURITY NUMBER 187 12 467	AL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH						1914	8. BIRTNPLACE (State or Foreign						
	9a. FACILITY NAME (If not ins		9b. CITY,		PR LOCATIO		ATN		9c. COU	NTY OF D	EATN				
TOR	Franklin RESIDENCE OF DEC		spital			Rossville Baltimor						re			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOW							ION						10d. INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W														
223 S. Marlyn Ave. 21221  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC												ISA			
B	1 Never Married 2	Merried		YES 2		11	yea, sp	ecify Cubs	n, Maxica	n, Puerto	Rican, etc.)	s or No-	Blaci Speci	E — American India k, Whita, atc. thy: White	
		EDENT'S EDUCA			CEDENT'S L					16	b. KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	Jiffen.	Mech:	retired.)		SI DI WORD	·v		A	uto			
77. FATNER'S NAME (First, Middle, Last) William W. Ross 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth C. Swank															
19a. INFORMANT'S NAME (Type/Print) Gertrude M. Ross  19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 223 S. Marlyn Ave. Baltimore, MD 21221										21					
20b. PLACE AND DATE OF DISPOSITION  10 Buriel 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of 1/12/95 Baltimore Co.,										own, State  Co., M	D				
ļ	21. SIGNATURE OF FUNERAL	-						al Hom		3.07	21221				
-	23. PART I. Enter tha dis	100.70 565565	mplications that	caused the de	oth Do or										
	ahock, or ha IMMEDIATE CAUSE (Final disease or condition	art fallure. Lis	at only one cau	se on each line	atti. Do ne	or enter	tne mo	da or dyi	ng, sucr	1 MM CM	rdiac or reap	iratory an	reat,	Approximation interval Be Onset and	tween
	reaulting in death)	<b>→</b> a	Metasta	tic lung										1 year	r
Z	Commentative line and dist	<b>6</b> b.		On AS A CONSEC	OUENCE OF	•									
윤미	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
8 1	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
RTIFICAL	CAUSE (Disease or Injur	y & c	DUE TO	OR AS A CONSEC	DUENCE OF)										
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AL CERTIFICATION	CAUSE (Disease or Injur that Initiated eventa	d.					derlying	) cause g	lven in	Part I.	24s. WAS AN		24b.	. WERE AUTOPSY FII	
	CAUSE (Disease or Injur that Initiated eventa resulting in death) LAST	d.					derlying	) cause g	lven in	Part I.	PERFO	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF C	10
	CAUSE (Disease or Injur that Initiated eventa resulting in death) LAST	d.					derlying	) cause g	ilven in	Part I.		RMED?	24b.	AVAILABLE PRIOR	TO AUSE
MEDICAL	CAUSE (Disease or Injur that initiated eventa resulting in death) LAST PART II. Other algnifican	d.	contributing to	death but not r	eaulting in	the uno				_	PERFO	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF	TO AUSE
MEDICAL	CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST  PART II. Other algnificar  DID TOBACCO US  25. WAS CASE REFERRED TO	d. d. d. d. d. d. d. d. d. d. d. d. d. d	contributing to	USE OF DEA	eaulting in	the und	10 🗆			_	PERFO	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF	TO AUSE
MEDICAL	CAUSE (Disease or Injur that Initiated eventa resulting in death) LAST  PART II. Other algnificar  DID TOBACCO US	d. d. d. d. d. d. d. d. d. d. d. d. d. d	contributing to	USE OF DEA	TH YES	the und	NO [	UNC	ERTAIN	- 1 D	PERFO	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF	TO AUSE
PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST  PART II. Other algnifican  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural S P	d. d. d. d. d. d. d. d. d. d. d. d. d. d	contributing to	USE OF DEA  26. PLAC  ER/Outpetient 3	TH YES	the und	nly one) : ling Nome 28c. INJI	UNC	ERTAIN	8 Oth	PERFOI	NO NO		AVAILABLE PRIOR COMPLETION OF	TO AUSE
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST  PART II. Other algnifican  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 P 2 Accident 3 Suleide 6 C 4 Nomicide 6 C  29e. CERTIFIER (Check only)  CERTIFIER	DE CONTRIL  Dending  newstigation  conditions  Dending  newstigation  could not be etermined	BUTE TO CA	USE OF DEA  26. PLAC  ER/Outpetient 3  INJURY y, Year)  F INJURY — At horate. (Specify)	TH YES E OF DEATN DOA 28b. TIME INJU	I (Check of OTHER NY M	nly one): Ing Nome 28c. INJI WO T Y Pry, office	UNC  5 Re URY AT RK?  ES 2	ERTAIN sidence NO end due	8 Oth 28d. DE 281. LO	PERFOI  1 YES :  er (Specify)  SCRIBE NOW I  CATION (Street or Town, State)	NJURY Oct	cured or Rural F	AMAILABLE PRIOR COMPLETION OF COP DEATH?	TO AUSE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME ( Bernardine 2. DATE OF DEATH 3. TIME OF GEATH YEAR Rernadine-Clare Rusk 9 95 12:34 PM Jan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Ybar) )ct. 12 IF UNDER 1 YEAR IF UNDER 24 HRS 1 🗌 M 2 😾 F MONTHS DAYS HOURS MIN. 1897Maryland 212-01-4786 YRS 97 Oct. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR N/A Baltimore St. Elizabeth Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Baltimore N/A Maryland (X YES 2 □ NO permit. 10s, STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 21217 USA 301 McMechen Street Apt. 914 bunial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married В Specify: White 3 Widowed 4 Divorced the funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY ost of working Elementery/Secondary (0-12) College (1-4 or 5 +) Medical Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Thomas Rusk Anne Clare Briscoe 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21201 Charles Street Baltimore, Maryland 9 Robert M. Goldman 36 S. pe 20e. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Cemetery Baltimore, Maryland Donetion 5 - Other (Specify) Gathedral examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd hours after death. Blue Forris Chatman-Harris F/H Baltimore, Md21215 removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heart fallure. List only one ceusa on each line. Intervel Batween 0 IMMEDIATE CAUSE (Finel Onset and Death cremation, the disease or condition POLL: ELL NYO LOT BUL IN GOODS.

DUE TO (OR AS A CONSEQUENCE OF): and completely fi o burial, cremation resulting in death) executed within other traumatic event. le on Cordo vasilor Disin Atheron CERTIFICATION Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING the attending physician and Mental Hygiene prior to CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and AMILABLE PRIOR TO COMPLETION OF CAUSE duty control & wel any 1 YES 2 NO OF DEATH? Shows 1 TES 2 NO certificate has been in the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WINCERTAIN PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ursing Home 5 Residence 6 Other (Specify) ö 27. MANNER OF DEATH 26a. DATE OF INJURY this cu marked, 28b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 NO BY After death 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED DIRECTOR: A 4 Homicide tem 29a, CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. THE FUNERAL C = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IT 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D34951 Voun 1-12-95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) suite a cotronlle 405 Gelen & Rd ED TICALZULL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Murilar Realas

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / I				IEALTH DEAT			IYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		ROG	_					2. DATE OF MONTH	D.	YEAR 995	TIME OF DEATH	
	4. social security number 216-84-5514	5. SEX	21			DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF MONTH, DO	1963	S. BIRTHPL	ACE (State or Foreign LAND	
000	9e. FACILITY NAME (If not institution, give st	institution, give street end number)					R LOCATI	ON OF OE				NTY OF DEAT	Н
CTO	Gift of Hope Hous	e			Bal	tim	ore				N/	A	
DIRECTOR		/a		10c. CIT	y, town o BAL	TIM(							d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1710 BARCLAY ST	1710 BARCLAY STREET					21 21P	202					STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARM YES 2 NO WAR OR DATES	ED )		If yes, sp	ecity Cube	n, Mexica	IIC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No-	Black, W	American Indian, hite, etc. BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 TH	completed) (Give kir			work done one retired.)	CCUPATIO	ON at of workin	g		unem			
ш	MELVIN RUGERS							HEL	ME (First, Midd EN S	e, Maiden LATEI	Surname)		
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code)								MD 2	1202			
	200. METHOD OF DISPOSITION   DATE   200. LOCATION — City or Town, State   4   Donation 5   Chemical State   Chemical State   Date   Date   Chemical State   Date								ARYMEND.				
	21. SIGNATURE OF FUNERAL SERVICENCES	ENSEE /	Vin	1	Ma	irch	Fune	ral	Home 1	East			D 21202
	23. PART I. Enter the diseases, or contacts, or heert failure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	$\mathcal{D}_{\mathcal{E}}$	t caused the deel ise on each line.	)	ot anter	the mo	de of dyi	ng, such	aa cardiac	or reapi	ratory arm	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO AIDS	(OR AS A CONSEQU	JENCE OF	hen n:								2 months 6 years
MEDICAL C	PART II. Other significant conditions	contributing to	death but not rea	aulting I	n the un	derlying	) cause g	iven in i		WAS AN PERFOR	1	CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?
PHYSICIAN: N	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		USE OF DEATI				UNC	ERTAIN	10				AER 5 KNO
YSIC	1 TYES 2 NO		ER/Outpatient 3			Ing Home		sidence	6 Other (Sp		SIFT		tope House
ву Рн	1 Natural 5 Pending 2 Accident Investigation	M 1 1 VFS 2 NO							26d. OESCRII	BE HOW IF	JURY OCC	URED	,
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building,	F INJURY — At home atc. (Specify)	e, term, s	treet, facto	ory, office			261. LOCATIO City or To	N (Street a wn, Stete)	nd Number	or Rural Route	Number,
COMPLETED	Check only one)  1 CERTIFYING PHYSIC CERTIFYING PHYSIC MEDICAL EXAMINER												d manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	TEN SE OF DEATH (ITEM :	27) (Type	Print)		PC		8 Z		1	SIGNED (MO	nth, Day, Year)
}	Scott GBorwit 30.	ST. Paul	Place B	Balt,	MORE	in	0 21	20.	2			7	

Muslean Randell

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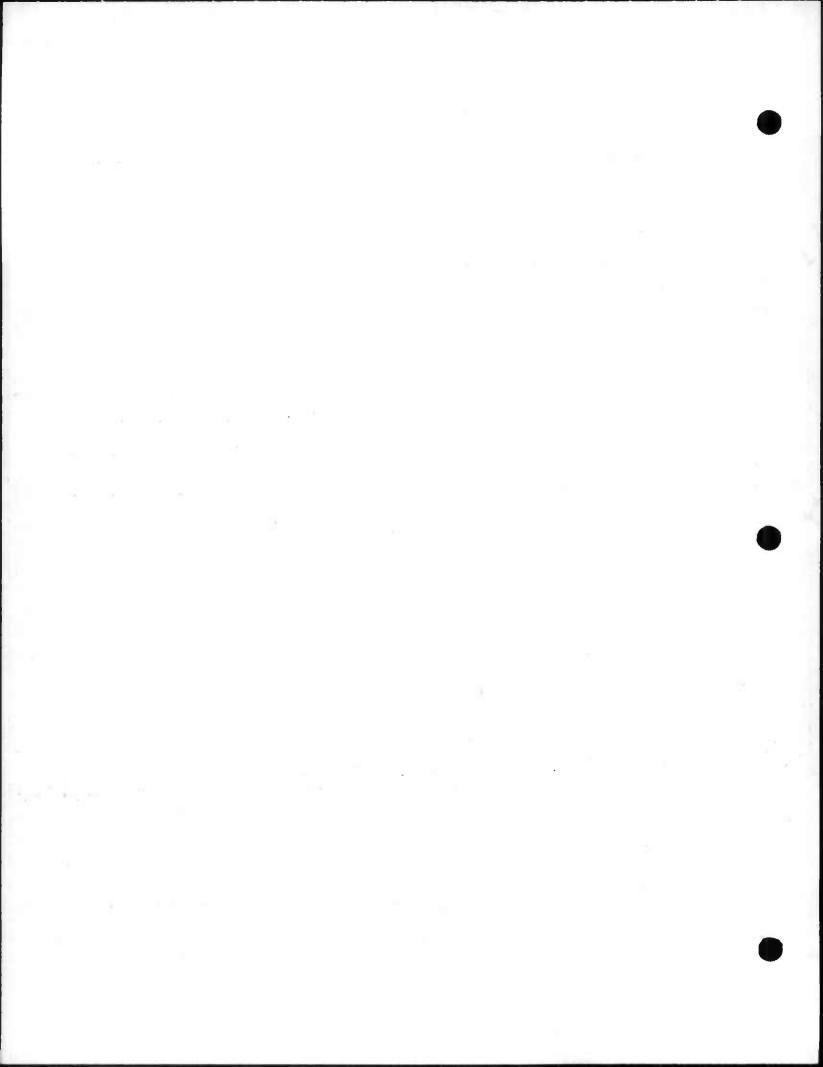
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD MATTHEW ROSCOE 5:00 JAN 95 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 216-36-9608 1 N 2 F 28 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH permit. Pages 1, 2, 3 DIRECTOR SINAI HOSPITAL FLOOR#5 WEST BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1731 N. Smallwood St. page 5 should be detached for use as the burial-transit 21216 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White-etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 10th cook resturant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Roscoe Ħ unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris Williams Reisterstown Rd. Balto. Md. death. Page 6 may be must be 20a, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State funeral director, Western Star Cemetery 1 4 Donation 5 D Other (Specify) \_ 195 Balto. examiner H. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wainwright Funeral Home llow M 1 2700 Edmondson n and completely filled in by the to burial, cremation, or removal. Ave. Balto. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition resulting in death) were injury lunt DIVISION OF VITAL RECORDS, P.O. BOX 68760 the death certificate be executed with WITH Umplications
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to . Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE by th SIN Signed Health a 1 ES 2 NO OF DEATH? Shows 1 YES 2 NO been of B PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WOUNCERTAIN MP has b 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item the State SPITAL OR ATTENDING PHYSICIAN: The Light DIRECTOR: After this certificate in 72 hours after death with the State II it is natived, or lien **EXAMINER?** HOSPITAL:
1 N Inpatient 2 ER/Outpatient 3 DOA OTHER: XXYES 2 NO 4 - Nursing Homa 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 0 2-30 M 28c, INJURY AT WORK? 1 Natural 1-1-95 1 YES 2 NO Subject SUBJECT COSTU., 281. LOCATION (Street and Number or Rural Royte Number.
City or Town, State)

1 That The Ship RETEDAY Investigation 2 Accident 28s. PLACE OF INJURY — Al home, ferm, streel, fectory, office 3 Suicide 6 Could not be 15 Nomicide 294, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 3 (Check only one) COM 2 MEDICAL EXAMINER: On the besie of examin ation and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and manner as stated. TO THE HOSPI TO THE FUNE De filed within -4 296. SIGNATURE AND THE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year)
JAN . 11, 1995 29c. LICENSE NUMBER BE O.C.M.E 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Powler David 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Studior Revell

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PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may	me the connection has been signed by the attending physician and completely filled in by the funeral director, pa	*
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STATE OF MARYLAN	/ DEPARTMENT	OF HEALTH AND	MENTAL I	HYGIENE
	CERTIFICATE	OF DEATH	F	REG. NO.

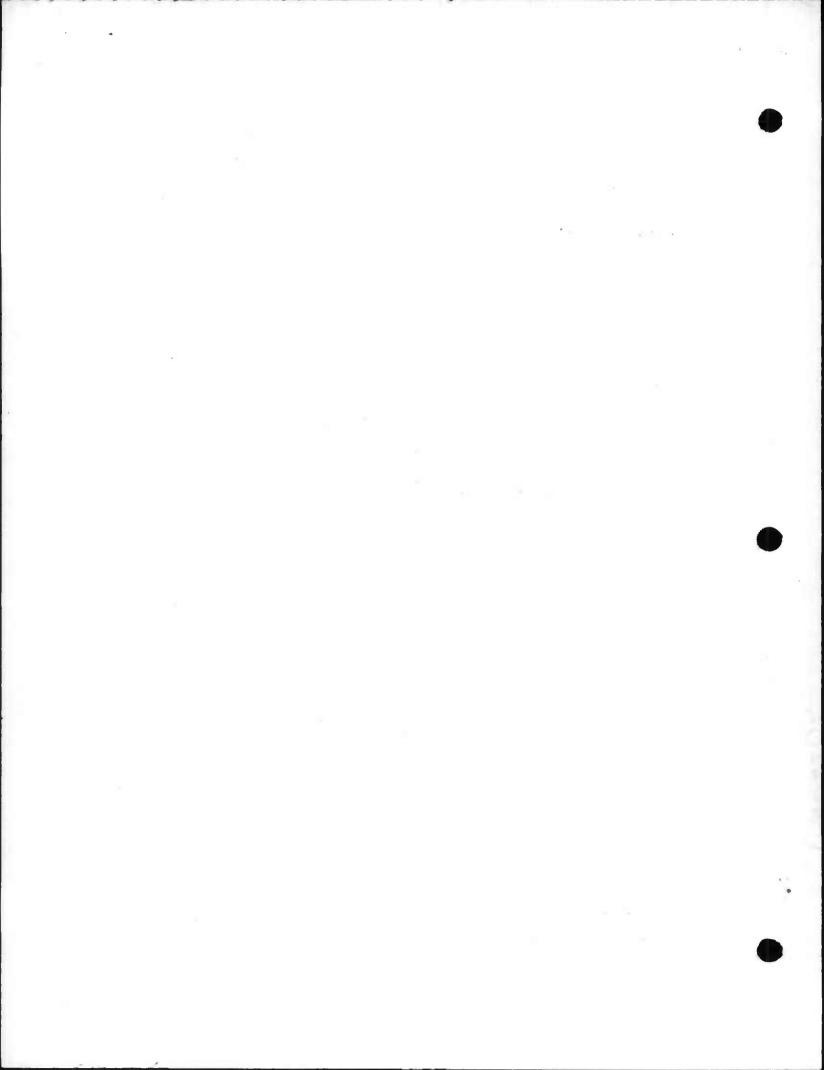
	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Leet)	Thomas L.	Ray		2. DATE OF DEATH DA PONTH DA	1, 1995	3. TIME OF DEATH //: 30 A. M
	4. SOCIAL SECURITY NUMBER 2/9 07 0976	5. SEX 6. AGE (In yrs. I		R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  Nov. 2, 19	8. BIRT	THPLACE (State or Foreign
10R	90. FACILITY NAME (If not institution, give of 525 Maude Aven RESIDENCE OF DECEDENT			timore		9c. COUNTY OF	
DIRECTOR	10e. STATE 10b. COUNTY	====	Baltin				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 525 Maude Avenu	e.		101. ZIP CODE 2/225		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 12 YES 2 IF YES, GIVE WAR OR DATES WORLD WAR II		WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, atc.)	or No— 14. RAG	CE — American Indian, lock, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. E (Completed) 16a. E (College (1-4 or 5+)	lle. Do NOT use retired.)	during most of working	16b, KIND OF BUS		
	17. FATHER'S NAME (First, Middle, Last)	ames F. Ray	ncen nuc		Auto R AME (First, Middle, Melden : therine Ha	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Londean O. Ray	1	196. MAILING ADDRES	S (Street and Number or Rura		, State, Zip Code)	! 21225
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remote 4  Denation 6  Other (Specify)	cometery, c	EAND DATE OF DISPO cremetary or other place IT TILL CE	metery	1/10 Bal	eation—city or the timore,	
	21. SIGNATURE OF ELINERAL SERVICE LIC	2 Elon	40	name and address of F 201ge J. Gon 201 Ritchie	ce Funeral Hwy. Balti	more. M	A. Id. 2/225
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Coronary and	evy dise		ch se cerdiac or respir	atory arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events	A	ellitus EQUENCE OF):				
k 1	PART II. Other significant conditions	S					
EDICAL	TAIN II. Other argumeant conditions	Contributing to death out not	resulting in the u	ndariying causa givan if	Pert I. 24e. WAS AN / PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR		ATH YES		NX		1 TYES 2 THO
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ■ ER/Outpatient	3 DOA 4 Nu	R: sing Home 5 🗆 Residence	Other (Specify)	OME	
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fec	tory, office	281. LOCATION (Street el City or Town, State)	nd Number or Rural	Route Number,
COMPLETED		CIAN: To the best of my knowledge, on the basis of examination end/or					(e) and menner ea stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  FOULT  30. NAME AND ADDRESS OF PERSON WHO	in MD		29a. LICENSE NU D 461	MBER 90	29d. DATE SIGNE	9 — 95
	JAMES K. PO	ULTON M.D.		timore Vi	A Hospita	1 Gn	een st. Balt.
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CHICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The same seen signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be same beat. or Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTION OF filed within 72 hours after of IMPORTANT: If term 2

	1 - FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)					MONTH	OF DEATH	NY	YEAR	3. TIME OF DEATH	
	ANNA N. RINALDI  4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	BE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	JANUAF 7. DATE C		995		2:20A	M
	030-16-0298	1 M 2 F		ONTHS DAYS	HOURS MIN.	(Month,	20,192		BIRTHPLACE (State or Foreign Country)  EVERETT, MASS.		
H.	9a. FACILITY NAME (If not institution, give : 5934 FALKTRK ROAD	street and number)		BALTIMORE	R LOCATION OF O	EATH		9c, COUN			
رخ	RESIDENCE OF DECEDENT							DALI.	IMORE.		
DIRECTOR	Carlana Cara	ORE CITY		TIMORE	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	0
3AL	10s. STREET AND NUMBER				ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	5934 FALKIRK ROAD	La una acceptation			1239			USA			
	1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	S 2 VNO	If yes, sp	ENDENT OF HISPA	an, Puerto Ri		or No—	Bleck,	- American Indian, White, etc.	
D BY	3 Widowed 4 Divorced			1	2 NO Speci	ıy.			Specify	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	N sl of working	16b.	KIND OF BUS	SINESS/INDU	JSTRY		
AP.	12	College (1-4 or 5+)	ASSEMBLY WO	RKER		BEN	DIX COF	æ.			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M.	iddle, Maiden	Surname)			
8	GUISIPPI VENEZTA  19a. INFORMANT'S NAME (Type/Print)		405 MAHING AG	OBFOR CHAIN	JOSEPHINE						
임	VINCENT J. RINALDI				PHOENIX			1, State, Zip (	Code)		
	20a, METHOO OF DISPOSITION 1		06. PLACE AND DATE OF	DISPOSITION (No		OATE	7	CATION — C	aty or Tow	rn, Stata	_
	4 Donation 5 Other (Specify)	P	ARKWOOD CEMET	ERY JANU			BALT	IMORE,	MAR	<u>/LAND</u>	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	o Ton	LASSAHN	FUNERAL H	HOME, I					
┪	23. PART I. Enter the diseases, or	complications that cause	sed the death. Do not	enter the mo	LATR ROAD de of dying, suc	BALI IIV	OHE, MA	retory arre	) 212. eat,	Approximata	1
	ahock, or haart failure.  iMMEDIATE CAUSE (Final disease or condition	200		0	+ 0					Onset and D	
ŀ	resulting in death)	a. OUE TO (OR A	S A CONSEQUENCE OF):	Isleas	1 Ca	cin	one	-		341.	
ج	Sequentially list conditions,	b									
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):								
HILLCALION	CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR A	S A CONSEQUENCE OF):								
TT	resulting in death) LAST	d									
AL C	PART II. Other aignificant condition	na contributing to deati	but not resulting in t	ha underlying	cause given in	Part I.	24s. WAS AN			WERE AUTOPSY FIND	
						_	PERFOR	0		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
MEDIC										1 - YES 2 - 000	)
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE	OF DEATH YES		UNCERTAI	N 🗆					
2	EXAMINER?	HOSPITAL:	0	THER:	5 Residence	6 Other	(Specify)				
FH	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 285 TIME O	F 28c, INJ	JRY AT		RIBE HOW I	JURY OCC	URED		
6	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO						
3 Suicide 4 Homicide  3 Could not be determined  3 Suicide 5 Could not be determined  3 Suicide 5 Could not be determined  3 Suicide 6 Homicide  4 Homicide  5 Could not be determined								oute Number,			
COMPLE		ICIAN: To the best of my kn									
3		ER: On the basis of examina	tion and/or investigation, i	n my opinion, d			ind place, and				ed.
	296. SIGNATURE AND TITLE OF CERTIFIE	John MD			D203			29d. DATE	SIGNED (	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	F	OEATH (ITEM 27) (Type, Pri	nt)	2203	0		- //	7//:	>	
	Davis M. Hu	hu 550		River	- Blue	<u>L</u> 2	1239				
	JAN 1 3 1995	32. BEGISTRAR'S SI									



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	ON INTENDING PHYSICIAN: The law requires that the death certificate be executed within	Hills and the state of the bear state of the
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31. DATE FILED (Month, Day, Year) JAN 1 3 1995

Item # 1 Film # G 719 1-13-95 N.A. Per Funeral Home FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Leila Mary Diseker Rains JAN EHLA-M. 5:25P M Lila Mary Disker Rains 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (in yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 217-14-3516 1 M 2 1 NTUCKE permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD CO, GEN, HOSP HOWARD HOWARD COLUMBIA 10a. STATE 18b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Sykesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6021 White Rock Road use as the burial-transit 21784 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yea, specify Cuhan, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Wildowed 4 Divorced WHITE 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig COMPLET Elamentary/Secondary (0-12) director, page 5 should be detached for College (1-4 or 5+) L.P.N. Health Care 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ John James Diseker BE Virginia Creekmore notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gerald D. Rains 516 Kalorama Road Sykesville, MD 21784 Pe 20s. METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 4 Donatton 5 Other (Specify) Lake View Mem. 1/14/95 Sykesville. Park 21. SIGNATURE OF FUNERAL SERVICE LICENSU examiner 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) ruan +august Sykesville, MD 21784 (410)-795-1400 filled in by the or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallura. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death npletely filled cremation, o the disease or condition resulting in death) 3 days neumonia event, OUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION Sequentially list conditions, 10 DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental F shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a Cerebrovascular PERFORMED? AMAIL ARLE PRIOR TO accident COMPLETION OF CAUSE 1 | YES 2 1 NO 1 YES 2 NO Jo o DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: Cate has be State Dept. Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State EXAMINER? HOSPITAL: npetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 N 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED marked, N H 1 Natural 5 Pending 1 YES 2 NO BY Amer 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Sulcide 6 Could not be COMPLETED after o 4 Homicide datarmined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **BE** Zymn N D32482 Monso 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 KNOLL NORTH DRIVE, COLUMBIA MARTLAND 2104) LYNN ALONSO D

DHMH-16 Ray 1/89

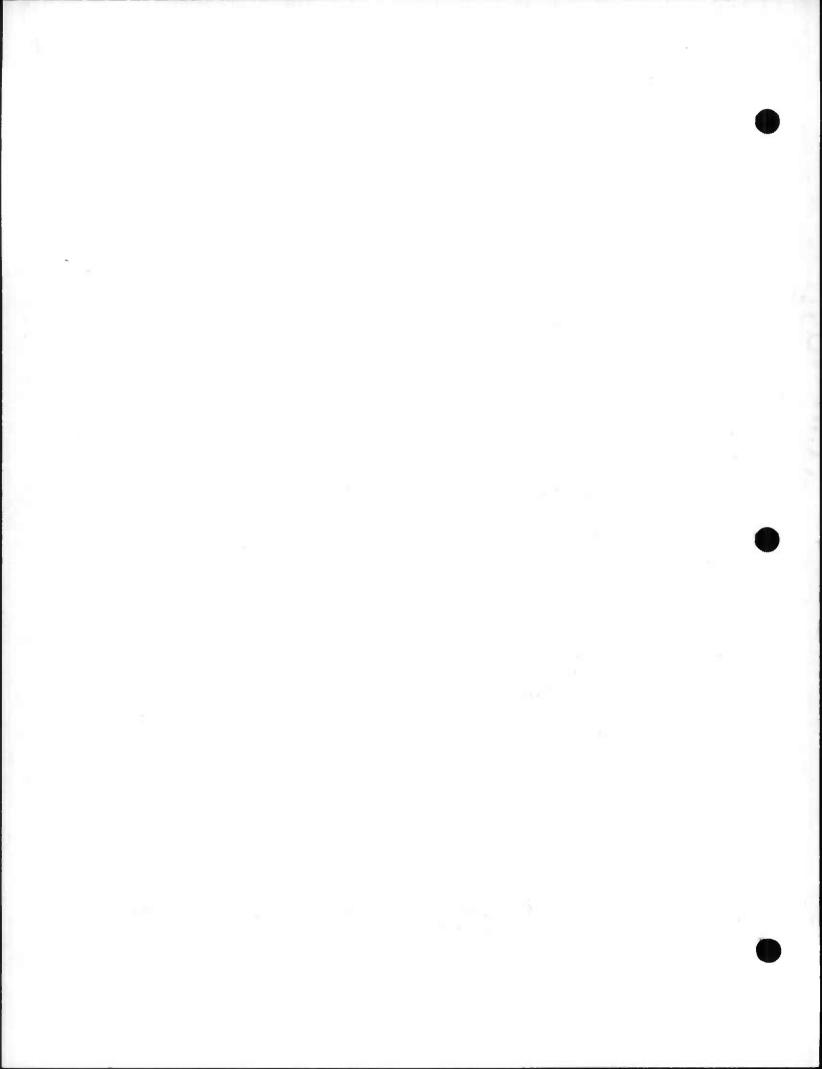
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND ZIZIS-0020	to hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.	
THE COURSE, T.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be may within ?2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IM CHIVIT II Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE				
		EORGE W. SARTOR						3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-03-3890  5. SEX 1 M 2 F  91  YRS.  6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR 1 F UNDER 24 HRS.  7. DATE OF BIRTY NOW onth 5 Days Hours NOW o									
TOR	90. FACILITY NAME (If not institution, give street and number)  BAY MEADOW NURSING HOME  9b. CITY, TOWN OR LOCATION OF DEATH  ANNE ARU  RESIDENCE OF DECEDENT									
DIRECTOR	100. STATE 10b. COUNTY MARYLAND n/	a	10c. CITY,	TOWH OR LOCAT	SADENA		10d. INSIDE CITY LIMITS?   1 □ YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 400 HARLEM	AVENUE		101	21122		UNIT	EN OF WHAT COUNTRY? TED STATES		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3XX Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 200	If yes, sp	ENDENT OF NISPA cify Cuben, Mexico 2 10 10 Specia	NIC ORIGIN? (Specify Youn, Puerto Ricen, etc.) fy:	ne or No 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 12 TH	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i SUPERVIS	k done during mo retired.)	oN st of working	REVERE COPPER & BRASS I				
BE CO	17. FATNER'S NAME (First, Middle, Lest)  JIM SARTOR				16. MOTHER'S NA OR A	AME (First, Middle, Meide COMER	n Surname)			
10	190. INFORMANT'S NAME (Type/Print) ETHEL L. POWEL		400 H	ARLEM	AVENUE,	PASADENA	, MARY	LAND 21122		
	20a. METHOD OF DISPOSITION 1XX Spurie: 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Cremetopy of other place) CEMETERY  20c. LOCATION — City or Town, State 1-13 ANNE ARUNDEL CO, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	~		WM.		CH FH.=-]		E. NORTH AVE		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Organia Wain Symplome  Onset and Death							Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PERFORMED?  1 YES 2 NO OF D							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED DO MEDICAL EXAMINER?	2	8. PLACE OF DEATH	(Check only one)	UNCERTAI	N 🗆 📗				
HYSI		OSPITAL: ☐ Inpetient 2 ☐ ER/Outpet  28e. DATE OF INJURY				8 Other (Specify) 26d. DESCRIBE NOW	IN ILIEN OCCU	9FD		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK?					
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMP		N: To the best of my knowle On the bests of examination						couse(e) and menner se stated.		
	296. SIGNATURE AND TITLE OF CONTINUES	hy	2		29c. LICENSE NUI	MBER	29d. DATE S	SYGNEO (Month, Oan Year)		
10	It les het	emuse of Deat	1777	Kein Lein	enotom	n Pd-	1 3 1 5			
	JAN 1 3 1995 July	MESSIES FEST	Ulf-							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPIPL OF ATTENDING PHYSICIAN: The law requires that the dresh certificate be executed within a fount after death. Playe 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR. After this centificate has been signed by the attending physicism and completely flied in by the lumeral director, page 5 should be detached for use as the burial-transit permit. Process in the detached for use as the burial-transit permit.	
y the hospital	e detached for	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
d beniete	should t	tiffed a
say be re	page 5	t be no
age 6 n	director	er mus
death. F	funeral	eramin
on the	in by the	redical
N M	hely filled nation, o	f, the m
thed with	comple	ic even
De esso	ician and lor to be	raumat
ertificate	Ing physical property or service property or s	other
death o	Acres H	ury, or
that the	th and N	any in
requires	of Heal	shows
The law	ate has I	tem 23
PSICIAN	is certific	od, or
DING PH	After this death w	s mark
R ATTEN	PECTOR urs after	1 52 mm
FIRE O	ERAL DI	10 年 10
TH 128	O THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fu- e filled within 72 hours after death with the State Dect, of Health and Mental Hippens prior to build, cremation, or removal	PORTAN
9	28	2

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	nedio i nan		C	ERIT	ICALE	: Ur	DEAL	H		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN  W.	QTI ET	WART	JR.					MONTH			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. Ins		IF UNDER	1 VEAR	IF UNDER	24 MBB	Janu	ary 1	0, 19		J'3 A M
	216-36-3836	55	YRS.	MONTHS							YLAND		
œ	9a. FACILITY NAME (If not institution, give						OR LOCATIO	ON OF DE	ATH			NTY OF D	EATH
65	1700 Windemere A	venue			Ba	ltin	nore				N	I/A	
DIRECTOR	MARYLAND 10b. COUNT	m/a		10c. CIT	Y, TOWN O	LTIM		-					10d. INSIDE CITY V LIMITS?
	10e. STREET AND NUMBER	, ~			-		ZIP CODE	E			10g. CIT	IZEN OF V	1 YES 2 NO
FUNERAL	1700 WINDEMERE	AVENUE					212	18			UNIT		STATES
BY	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 IF YES, GIVE W	YES 2	MED (O	,	f yes, sp	ENDENT O	F HISPAN n, Mexican Specify:	n, Puerto R	? (Specify Year Ican, etc.)	or No-	Black	- American Indian, t, Whita, etc.
9	15. DECEDENT'S EDU (Specify only highest grade		(G)	CEDENT'S	vork done o	CUPATIO	ON at of workin	a	16b.	KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	LABO	e retired.)	000			M	ASS	TRAN	SIT	on
OM	17. FATHER'S NAME (First, Middle, Last)		30	27100			16. MOTH	IER'S NAM		iddle, Maiden		11////	•
BE	JOHN W. STEWART	SR.						NITA					
2	190. INFORMANT'S NAME (Type/Print) EUNICE STEWART		191	.700	WIN	(Street a )EME	RE A	or Bural B VENUI	E, BA	or, City or Town	RE,	MD	21218
	20a, METHOD OF DISPOSITION  W.Alburiet 2 □ Gremation 3 □ Rem  4 □ Donation 5 □ Other (Specify)	ovel from State	RATING"					1	-14	RAND		N — City or Town, State LSTOWN . MD	
- 1	21. SIGNATURE OF TUNERAL SERVICE LI	CEMBER	1:10	2	Ma.	rch	Fune	ral	Home	East			
$\dashv$	23. PART I. Enter the diseases, or	complications that	caused the de	eth. Do n	at enter	Ol E	de of dyla	rth .	Aven	ue/Bal	timo	re,	MD 21202 Approximate
ı	IMMEDIATE CAUSE (Final	List only one caus	e on each fine.							ac or raspi	mony mi		Interval Between Onset and Death
- 1	disease or condition resulting in death)												
z	ā -	DOE TO !	OR AS A COMSEC	UBNCE OF	年.								
E I	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	IVIENCE OF	)u								
EDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events	e	OR AS A CONSEQ	WENCE OF	):								
ERI	resulting in death) LAST	d.											8
10	PART II. Other significant condition	a contributing to	seath but not re	esulting i	n the un	derlying	cause g	iven in P	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
200									_	PERFOR	- 25/5/		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	DID TORACCO LISE CONT	DIDLITE TO CAL	ICE OF DEA	PI APP		10. [	110.100						1 ☐ YES 2 ☐ HO
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAL		E OF DEAT			UNC	ERTAIN					
ZS	1 YES 2 THO	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3	□ DOA	OTHER 4   Nursi		€ Res	eldence 8	00er	(Specify)			
BY PH	27. MANNER OF DEATH  1 Netural S Pending 2 Accident Investigation	28s. DATE OF II (Month, Dep	NJURY ( Year)	29b. TIME INJ		28c. INJE WOR	HCP:		284. DESC	THE HOW IN	JURY DO	CURED	
- 10	3 Suicide 6 Could not be	28e. PLACE OF building. e	INJURY — At hor tc. (Specify)	ne, farm, at	troet, fecto	ry, office			28f. LOCAL City or	TION (Street a Town, State)	nd Mumber	or Rurel R	oute Number;
Substitute of Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: Dn the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
Š [													and menner as stated.
BE	296. SIGNATURE AND TITUS OF CERTIFIE	Stap	Hus	ida			29c. LICE	NSE NUME	BER 4		29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM			144	1	(		(1:	P	110	1821224
H	31. DATE FILED (Month, Pay, Year)	зэ Анданатида	S SIGNATURO	1 11		1/1		Cor	yes	ave	10	1-/ X	11616
	1947 3 1992	Java dia	merror you	dall									}

in health 100g leather mil

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMEN	T OF H	EALTH AND DEATH		IYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH		VEAR	3. TIME OF DEATN
		Nikolay, Su	homlin					Janua		1995	7:00 A
2		4. SOCIAL SECURITY NITURES 220-30-0365	1 📉 M 2 🗆 F	78 YRS.		DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF I	5, 1916	a. BIRT	TAPLACE (State or Foreign
2, 3 should	OR	9a. FACILITY NAME (If not Institution, give street and number) Union Memorial Hospital  9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City  9c. COUNTY OF DEATH									DEATN
	EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. C	HTY, TOWN	OR LOCAT	ION				10d. INSIDE CITY
permit, Pages 1,	L DIRECTOR	Maryland 100. STREET AND NUMBER				ore (	City				1 YES 2 NO
ist	FUNERAL	3110 Moravia Road				101.	21214		10g. 0	CITIZEN OF	WHAT COUNTRY?
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the tuneral director, page 5 should be detached for use as the burial-transit and.	B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nudowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR O	2 2 NO		If yea, spe	ENDENT OF NISPAL ecity Cuban, Mexico 2 NO Specifi	en, Puerto Rica		14. RAC Blac Spec	CE — American Indian, ck, White, etc.
	8	15. DECEDENT'S EDUC (Specify only highest grade		18a. OECEDENT	'S USUAL O	CCUPATIO	N at of working	16b, KIP	D OF BUSINESS	INDUSTRY	
VD 21	COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	Ilte. Do NOT	& Dd		уе	A	merican	Can	Company
MARYLAND 2- retained by the hospital o 5 should be detached for notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last)  Ivan Suhomlin					Zina K	ME (First, Midd arnaus	e Maiden Sumami henko	9)	
MAR e retained e 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) Elena Suhomlin		3110	Mora	s (Street er Via I	Road Ba	Route Number (	e, MD 2	7/2 Cogo) 1214	<del></del>
BALTIMORE, nours after death. Page 6 may be do in by the tuneral director, page or removal.		20a. METHOD OF DISPOSITION  1 Specific Committee 3 Remote 4 Donatton 5 Other (Specify)	ovel from State S	PLACE AND DAT	E OF DISPOS	netei	y 1/16	/95°ATE	20c. LOCATION Baltime	- chy or T	own, State
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.	NAME AN	ADDRESS.OF FA	CILITY Inc	Tuner	al Ho	mas
BALTIN hours after death. Page of in by the funeral dir or removal. medical examiner		· Clegabets	seun	ske.	19	901 I	Eastern	Avenue	Balto	., M	D 21231
			omplications that caused list only one causa on a	the deeth. Do ach lina.	not enter	the mod	ie of dylng, suc	ch es cerdiac	or respiratory	erreet,	Approximata Interval Between Onset and Death
tely fille mation, t, the		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Aspiratio	Aspiration Preumonia  Due to (OR AS A CONSEQUENCE OF):						2 month	
cecuted with and complete o burial, crem matte event	z		Left Foot Gangrene DUE TO (OR AS A CONSEQUENCE OF):								3 months
BOX 68760 cate be executed with hysician and comple e prior to burial, crei at traumatte even	CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING	Due to (or as a consequence of):  Peripheral Vascular Disease oue to (or as a consequence of):								
orther phy	Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE	OF):		0.5.	•			10 years
DS, P.O. BC the death certificate the attending physic d Mental Hygiene pri	H	resulting in deeth) LAST	INSULIN DEPENDENT DIABETES							15years	
C # 5 € ≥	MEDICAL (	PART II. Other significent conditions	e contributing to deeth but not resulting in the underlying ceuse given in  N Disease, Myocardial Infract				ceuse given in	-	PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sign Sign Sign Sign Sign Sign Sign Sign	MED			1-1906	COV (X)		Prince	<del></del>   10	YES 2 NO		OF DEATH?
- 0 .: 1	PHYSICIAN:	DID TOBACCO USE CONTR					UNCERTAI	NX			· ·
N: The licate his State D	SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF DE	OTHE	R:		• E eu			
PHYSICIAN: this certification with the St	H	27. MANNER OF OEATN	28a. OATE OF INJURY	28b. T	IME OF	28c. INJL	5 Residence		BE HOW INJURY	OCCUREO	
NG PHYS fler this ceath with marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY M	1 Y	ES 2 NO				
TTENDI TTOR: A after of 28 is	ED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm	i, atreet, fac	tory, office			N (Street and Num wn, State)	ber or Rural	Route Number,
7 7 2 -	COMPLET		SICIAN: To the best of my knowledge, death occurred at the time, data and place, end dua to the cause(e) and manner as stated.  IER: On the beale of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end dua to the cause(s) as					(s) and menner as eteted			
TO THE HOSPITAL TO THE FUNERAL ( be filed within 72 h IMPORTANT: If I	m II	29b. Stonething and Type of Gentines					29c. LICENSE NUI	MBER	29d. D	ATE SIGNED	D (Month, Day, Year)
5 5 5 8 W	TO B	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Ty)			At 24389				Dry 12,1985
2		JUSSEDO Y DED ( 31. OATE FILED (Month, Day, Year)			ry P	cuy	Bore	10, M	D 512	SIB	
2		JAN 13 1995	22. REGISTRAR'S SIGN								

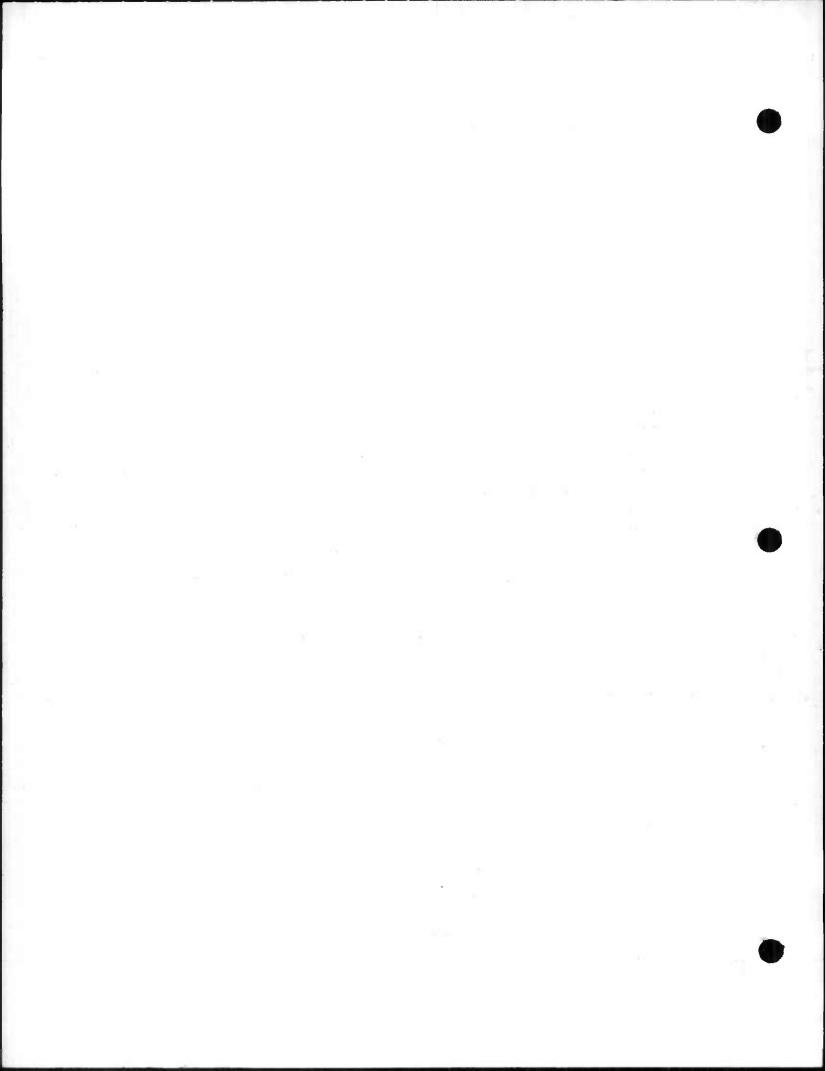
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ge 6 may be retained by the hospital or attending physician. Irector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF WIT AL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING INVESTIGATION IN INQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR And the contraction is signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death within 72 hours after death within 72 hours. The detached by the attended by	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING WYSPOAM TO	TO THE FUNERAL DIRECTOR After the top to the filed within 72 hours after death with the top to the filed within 72 hours after death with the top to the filed within 72 hours after death with the filed within 72 hours after death with the filed within 72 hours after death with the filed within 72 hours after death with the filed within 72 hours after death with the filed within 72 hours after death within 72 hours afte	IMPORTANT: If Item 28 is marked, or Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH			
	LILLIE S.	SMITH			JAN 1		7,10			
	014 40 404	5. SEX 6. AGE (In yrs. lest b	YRS. IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morth, Day, Year) 6 - 19 - 1	(	BIRTHPLACE (State or Foreign Country)  S. C.			
	9a. FACILITY NAME (If not institution, give stre	net and number)	9b. CITY, TOW	OR LOCATION OF D		9c. COUNTY				
СТОЯ	4800 BEAUFORT	AVE	BALT	0						
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY  10c. CITY, TOWN OR LOCATION  Balto  10d. INSIDE CITY LIMITS?  1 17 YES 2   NO								
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
NEP	4800 Beaufort			21215		_	SA			
BY FU										
ED	15. DECEDENT'S EDUCA (Specify only highest grade or		DENT'S USUAL OCCUPA	FION	16b. KIND OF BU	SINESS/INDUST				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	kind of work done during in NOT use retired.)							
MP	6	Do	mestic W							
	17. FATHER'S NAME (First, Middle, Lest) Albert Smith				me (First, Middle, Malden neo Spark					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. 1	MAILING ADDRESS (Stree							
5	Michael E. Shaw	v, Sr	1555 She	ffield	Road Balto	Md 2121	.8			
	20a. METHOD OF DISPOSITION  1) Surlel 2 Cremation 3 Remov 4 Donation 6 Other (Specify)	20b. PLACE ANI cemetery, creme	DDATE OF DISPOSITION (	Name of	1.	CATION — City				
	1XXBuriel 2 Cremation 3 Removal from State   Complete, crematory or other place)   4   Donation 6   Other (Specify)   Garrison Forest Vet   11795   Owings Mills, Md     21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY									
	frome	H Thomps	101		WEST 4300					
	23. PART I. Enter the diseases, or construct, or heert fallure. Li	mplications that coused the death at only one cause on each line.	h. Do not enter the π	ode of dying, aud	h aa cardiec or reap	iratory arreat,	Approximate Interval Between			
	iMMEDIATE DAUSE (Fine) disease or condition  DT11 DFT 01 TD TT1 11 TD TT 11 TD TT1 11									
	reaulting in death)	DUE TO (OR AS A CONSEQUE	ENCE OF:	IC HEB	RT VISE	ASE				
N	Sequentially list conditions, b.	CEREBRA	IL VASC	uche	ACCIOE	NT				
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	ENCE OF): TETUSIO	n 1						
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUE	ENCE OF):							
CERTIFICATION	resulting in death) LAST	DIABE	TES N	ELLTU	S					
	PART II. Other aignificant conditions	contributing to deeth but not res	uiting in the underlyl	ng ceuse given in	Part i. 24e. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS			
MEDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä							OF DEATH? 1 ☐ YES 2 ☐ NO			
ž	DID TOBACCO USE CONTRI				v 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE (	OF DEATH (Check only one	9)						
14S	1 YES 2 NO 1	Inpatient 2   ER/Outpatient 3   26a. DATE OF INJURY   2	DOA 4 Nursing Ho	me 5 Residence						
	1 Netural 5 Pending	(Month, Day, Year)	INJURY W	IJURY AT /ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D			
B√	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY — At home			281. LOCATION (Street	and Number or Ru	urel Route Number			
ETEC	4 Homicide determined	building, etc. (Specify)			City or Town, State)					
COMPLETED		AN: To the best of my knowledge, deeth On the besis of examination and/or inve								
	296 SIGNATURE AND TUTLE OF CERTIFIER	$\overline{}$								
BE	( Mal A	ofh Aun		29c. LICENSE NUI	//2	29d. DATE SIG	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Print)	1/200		1//	-/13			
	301 ST PA	ULPL 70		TIMUS	E ME	27/2	02			
	JAN 1 3 1995	32. AGGISTHAR'S SCHATTREL			/					



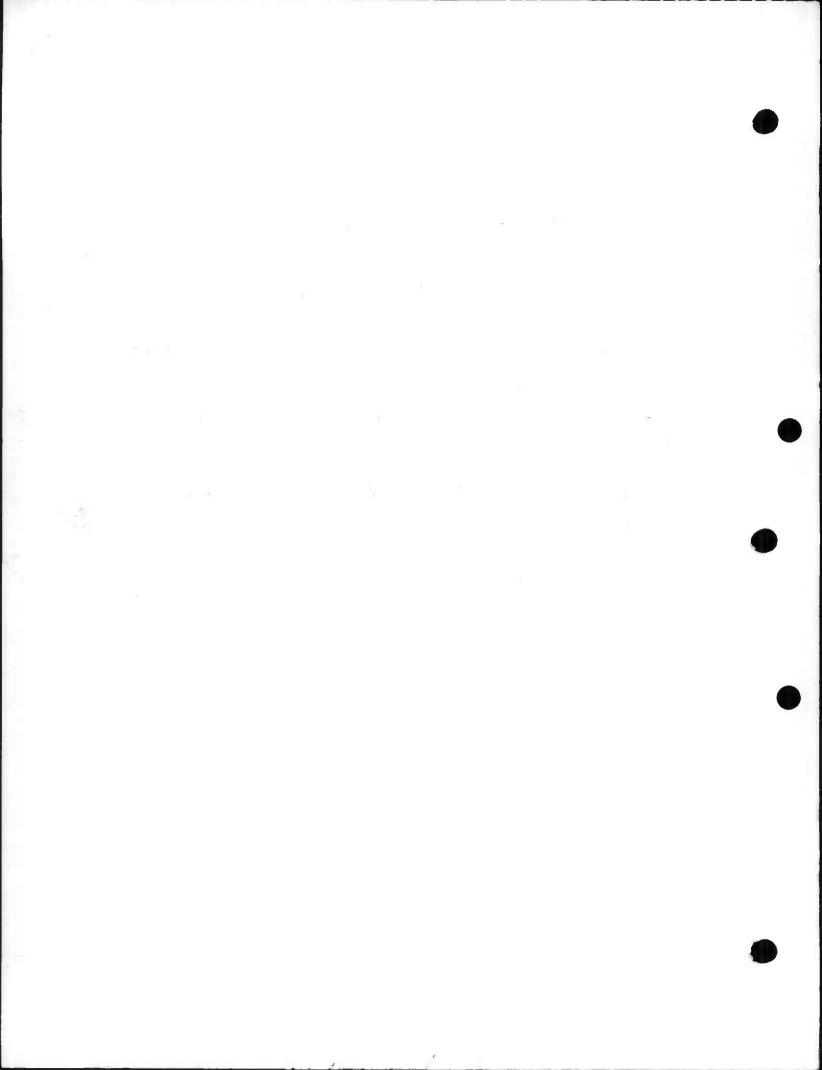
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IN ALLENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

HETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM CERTIFICA			MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last)	VAN	SPIVE	4 5	or.	2. DATE OF DEA MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-58-7405	1 M 2 D F	GE (In yrs. last birthday) IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign Country) MARY LA U.D
TOR	90. FACILITY NAME (If not institution, give s NORTH WEST RESIDENCE OF DECEDENT	(HOSPITA	7 (	RAN	DA LLS	TOWN	9c. COUNTY BA	LTI MORE
DIRECTOR	10a. STATE 10b. COUNTY	žalto	10c. CITY, TO	Jal 1	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100 STREET AND NUMBER 1053	ree La	ne	101	29208	,	10g, CITIZE	OF WHAT COUNTRY?
BY FUN	11 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	It yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specify	n, Puerto Ricen, et		RACE American Indian, Black, White, atc. Specify Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentery/Secondary (0-12)	College (1-4 or 5+)	16a. DECEOENT'S USU. (Give kind of work of life. Do NOT, use reti	done during mo ired.)	DN st of working	16b. KIND 0	struct	
COMI	17 FATHER'S NAME (First, Middle, Lest) - CURRE 501	Vell	1 0001010		18. NOTHER'S NA	ME (First, Middle, M		
TO BE	19a. INFORMANT'S NAME (Type/Print)	len	196. MAILING ADD	Pak	nd Number or Aural I Heigh	1	or Town, State, Zip Co	
	204 METHOD OF DISPOSITION 11 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		201. PLACE AND DATE OF DE	SPOSITION (Na	Cenetery	VATE 20	Dalto,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE . D	ompson Ja	"111 A	D Wa	H. Wes	it Ave	
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of					respiretory arrea	t, Approximate interval Batween Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	· VENTE	S A CONSEQUENCE OF):				N	9 deg
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	OUE TO (OR A	S A CONSEQUENCE OF):					
A	PART II. Other algorificent condition	RENAL	FAIL(	e underlying	g causa given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YES		) UNCERTAIN	N D		1 TYES 2 THO
SICI	EXAMINER?	HOSPITAL:	ОТ	HER:	e 5 🗆 Raeldence	6 Other (Specify	")	
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJUI (Month, Day, Yes	ir) INJURY	WO	URY AT RK? /ES 2 NO	28d. DESCRIBE	IOW INJURY OCCUI	REO
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJU building, stc. (S	URY — At home, ferm, street Specify)	, factory, offic	•	281. LOCATION (S City or Town,	itreet end Number or State)	Rural Route Number,
COMPLETED	anal		nowledge, death occurred at					ause(e) and menner as stated.
BE C	29h SIGNATURE AND TITLE OF CERTIFIE	R OOOA AAA			29c. LICENSE NUN		29d. DATE S	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH				D451			1/95
	AFROZE MUN 31. DATE FILED (MONTH, Day, Year)	EER . 5401	OLD COU	RTR	D, RAN	DAUS	TOWN.	MD 21133
	IAN 1 3 1995 Ju	Ja REGISTRAR'SO	rdall					



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DIVISION	

	1. DECEDENT'S NAME (FIRST, MICHOLO, LOS) Elizabeth A.	Flizabeth	Ann Se	ldin		2. DATE OF DE	DAY /	9 HAR 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 061 07 7597	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH.	Country)	York
TOR	9e. FACILITY NAME (If not institution, give Howard Count RESIDENCE OF DECEMENT				or LOCATION OF D	EATH	1 3 5	ard	County
DIRECTOR	10e. STATE 10b. COUN	ard County	16c. CITY, TO	ww or local					Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	6336 Cedar	Lane #250	_ left]	1	01. ZIP CODE 21044		10g. CITI	USA	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 ,NO	If yes, a	CENDENT OF HISPAI specify Cuben, Mexico S 2 NO Specif	an, Puerto Rican, e	cify Yes or No— Hc.)	14. RACE - Black, Specify:	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION to completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work: life. Do NOT use ret  Volunt	done during n ired.)			of Business/ind		
BE CON	17. FATHER'S NAME (First, Middle, Last) August Rose	nberg	1000		18. MOTHER'S NA	AME (First, Middle, I	Maiden Surneme) Heyem	an	
TO BE	19s. INFORMANT'S NAME (Type/Print) Mr Gilbert S	eldin			and Number or Rural Lane,				21044
	20e. METHOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Re  4 ☑ Donation 6 □ Other (Specify)		0b, PLACE AND DATE OF DI emetery, crematory or other p		Name of	DATE 2	ROG. LOCATION	City or Town	n, State
	23. PART1. Enter the diseases, or shock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metas twice	Brens & Cancer of:	enter the m	,	h as cardiac or			Approximata interval Between Onset and Daatt
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						3 Days
MEDICAL	PART II. Other aignificant condition	one contributing to death	but not resulting in th	e underlyli	ng cause given in	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	PLACE OF DEATH (Ch	10-0-0	Mult		
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year,	28b. TIME OF INJURY	28c. IN W 1	JURY AT ORK? YES 2 NO		HOW INJURY OCC	CURED	
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — Al home, farm, street sectly)	i, factory, offi	ce	281, LOCATION ( City or Town	(Street and Number , State)	or Rural Roo	ste Number,
COMPLE	anal	SICIAN: To the best of my kno IER: On the basis of examinat							and manner as ateted.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	106 -			29c. LICENSE NUI				Month, Day, Year)
	NICHOLMS KOUTE	zeinkus 1	W65 LIHIK F.	Pakizen	of Phone	Celum			
	31. DATE FILED (Month, Day, Year)	32 AGGISTRAR'S SIG	ear hardell						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CE	RTIFIC	CATE	OF DE	ATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH DA		WEAR	3. TIME OF DEATH
		GEORGE FRANC	IS SHIPLEY,	SR.					Jan		95	YEAR	M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lesi	birthday)	F UNDER 1 YE	EAR IF U	NDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
_		215-34-0099	1 M 2 D F	70	YRS.	ONTHS DA	NYS HOU	RS MIN.	March	30 <b>.</b>	1924	Country) Ma	ryland
pinous		9a. FACILITY NAME (If not institution, give a	treet and number)		1	b. CITY, TO	WN OR LO	CATION OF DE				TY OF DE	
2, 3	DIRECTOR	4470 Bartholow	Rd.			Syke	esvil	1e			Ca	rrol	l County
Pages 1,	낊	10e. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	OCATION						10d. INSIDE CITY
<u>~</u>	<b>B</b>	Maryland Cari	roll County		Syl	esvil	lle						LIMITS?
permit.	A	10a. STREET AND NUMBER					101. ZIP (	CODE			10g. CITIZ		IAT COUNTRY?
Tis.	FUNERAL	4470 Bartholow						784				SA	
ND 21215-0020 hospital or attending physician. ached for use as the burial-tran	리	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XN	MED O	13. WAS	DECENDER s, specify (	NT OF HISPAN Suban, Maxica	IIC ORIGIN? ( n, Puerto Ric	Specify Yes an, etc.)	or No	14. RACE - Black,	- American Indian, White, atc.
21215-0020 I or attending physic for use as the burial	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 🗆	YES 2 🔀	NO Specify	<i>r</i> :		1	Specify	White
115 Iftend	<u></u>	15. DECEDENT'S EDU	CATION	16a. DE0	CEDENT'S U	BUAL OCCU	PATION		16b. K	IND OF BUS	INESS/INDI	JSTRY	WILLEE
2121 al or att	E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ve kind of wor Do NOT use	k done durin	ng most of w	vorking		0, 200			1
Spita	릴	12th Grade		Asse	embly	Worke	er		Bla	ick &	Deck	er C	0.
The hospit detached	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. A	AOTHER'S NA					
1 Pe 1	BE C	George C. Ship	oley					Esther					
MARYLAND retained by the hospit 5 should be detached notified at once.		19a. INFORMANT'S NAME (Type/Print)		19b	MAILIND A	ODRESS (Str	reet end Nu	mber or Rural F	Route Number,	City or Town	r, State, Zip	Code)	
e 5 s	٩	Mrs. Pearl E. Sh	ipley	4	470 I	artho	olow	Rd. S	Sykesv	ville,	, MD	2178	84
ALTIMORE, death. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem			NDDATEOF		N (Name of		DATE		CATION — C	ity or Tow	n, Stata
MOR ge 6 ma irector, p		4 Donation 5 Other (Specify)	W	estmi	natory or other	Ceme	etery		1-10	Wes	tmins	ster,	MD
ALTIMOF death. Page 6 m s funeral director, J.	- 1	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					DRESS OF FAC		o.1 D.:	root.		D A
deatl deatl e fun		blu K Ha	-el					-					MD 21784
hours after of the in by the cor removal.		23. PART i. Enter the diseases, or	complications that ceus	ed the dea	th. Do not	enter the	mode of	dying, suci	h aa cardle	c or reapir	ratory arre	at,	Approximata
24 hours filled in on, or re he med		ahock, or heart feilure.  IMMEDIATE CAUSE (Final	List only one cause on	aech ilne.	0					65.0			interval Between Onset and Daath
760 ed within 24 ompletely fill 1, cremation event, the		disease or condition	Color	~	Cas	2010	_						Chiact and Date
with with plete crem	ľ	resulting in death)	DUE TO (OR AS	A CONSED	UENCE OF):	10000							
	Z		nost	ate	C	nes	2						
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSED	UENCE OF):	1	à.		0				
BOX ficate be ex physician ne prior to	2	CAUSE (Disease or injury	a Mela	sla	lic	d	rac	ase	from	bo	ナル		
P.O. B the certificate ending physical Hygiene prior or other to	1	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSED	UENCE OF);								
	CER		d										
ORDS, P that the death the by the atten th and Mental P any Injury, or		PART ii. Other aignificant condition	a contributing to death	but not re	aulting in	the under	fying caus	se given in	Part I. 2	ta. WAS AN		24b. Y	VERE AUTOPSY FINDINGS
PP 8 6	DICAL								Ι,	PERFORI			WAILABLE PRIOR TO COMPLETION OF CAUSE
REC requires peen sign of Healt	MED								_   '	_ 1E3 2g	L'un		F DEATH?
		DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEAT	TH YES	□ NO	□ U	NCERTAIN	<u>ч П</u>				D 123 2 0 110
AL Pass	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			DF DEATH	(Check only							
F VITAL SICIAN: The L certificate ha the State De	SK	1 TES 2 ND	HOSPITAL: 1 Inpatiant 2 ER/Ou	tpatient 3		THER:	Home 5	Residence	8 Other (S	Specify)			
IL 을 들을	F	27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)		26b. TIME (	OF 28c	: INJURY A'			IBE HOW IN	JURY OCC	URED	
NE PINS feer this ceath with	BY	1 Naturel 5 Pending 2 Accident Investigation					YES	2 NO					
2 1 4 5 W		3 Suicide 6 Could not be	28e. PLACE DF INJUF building, atc. (Sp	RY — At hon	ne, farm, stre	at, tactory,	offica		26t, LOCATI	DN (Street au Town, State)	nd Number c	r Rural Ro	ute Number,
3 5 6 6 6		4 Homicide determined							Oily Oil	iowii, otaley			
Hours Hours	4	29a. CERTIFIER 1 CERTIFYIND PHYSI	CIAN: To the best of my kno	wledge, des	th occurred	at the time,	date and pi	lace, and dua	to the cause	(e) end man	ner se state	d.	
를 등 <b>2</b> 2 등 등	COMPLETE		R: On the basis of examinati										and manner as stated.
TO THE HOSTED TO THE FUNE TO THE PUNE TO T		29b. SIGNATURE AND TITLE OF CERTIFIE				_	_	LICENSE NUM					Month, Day, Year)
THE TO THE De filed IMPOR	) BE	John. Mr	deleton				I	125	2+2+	3	<b>&gt;</b> /	19	195
	유	30. NAME AND AGORESS OF PERSON WH	D COMPLETED CAUSE OF O	DEATH (ITEM	27) (Type, Pr	int)		,	, , ,	1			10
0		688 Hoole	, Hoad	h	lest	ne	ste		Mo	2	-113	SF	
		1AN 1 3 1995	32 REGISTRAR'S AG	NATURE									

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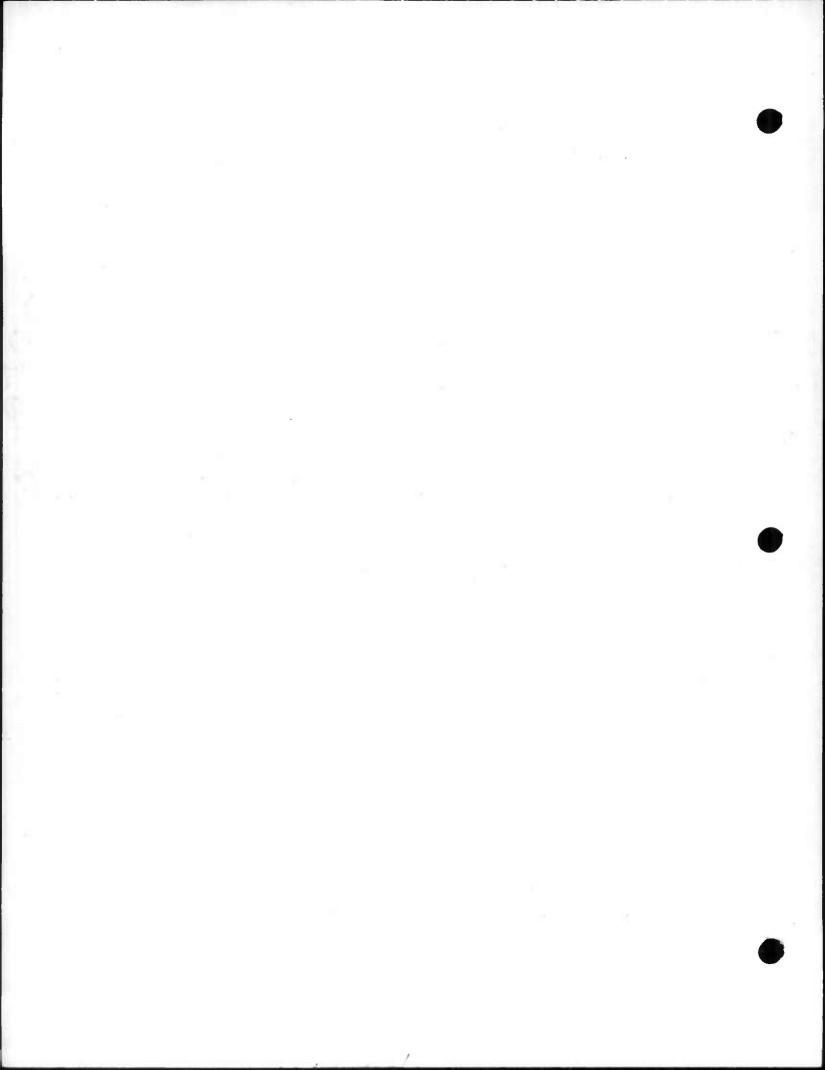
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200 01717 01171	s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer nermin pages 1.2 should		be notified at once.	
	e be executed within 24 hours after death. Page 6 ma	sician and completely filled in by the funeral director.	n and Mental Hygiene prior to burial, cremation, or removal.	ws any injury, or other traumatic event, the medical examiner must be notified at once.	
	IDING PHYSICIAN: The law requires that the death certifical	TOR: After this certificate has been signed by the attending phy	after death with the State Dept. of Health and Mental Hygiene	is marked, or item 23 shows any injury, or other	
	TO THE HOUSEAL OFFITTER	TO THE FUNE AC DIRECTOR	be filed with 72 laws after	IMPORTAINE II tem 28	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH			CHIIF	ICAIE	UF	DEA	חו		REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	Merle H	E. Stou	ıt S	r.				2. DATE OF MONTH Janua	DA	, 19	YEAR 95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	,	8. BIRTH	IPLACE (State or Foreign
- 3	217 12 8491	1 <del>2</del> M 2 □ F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.		924	Ohi	
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE		22/1	-	NTY OF D	
E I	304 Fern Glen Avenue					nda]	le						undel
5	RESIDENCE OF DECEDENT												
							10d. INSIDE CITY LIMITS?						
		e Arunde	1	Fe	rnda.	1e							1 YES 2 NO
¥	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	304 Fern Glen A	venue					210	061			Ü	J.S.A	۸.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	Specify Yea	or No-	14. RACE	— American Indian, c, White, stc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	••			2 NO		n, Puerto Rica	m, atc.)		Speci	
			War II										White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DE	CEDENT'S ive kind of v . Do NOT us	USUAL OC	CUPATIO	ON at of working	g	16b. KI	ND OF BUS	INESS/IND	USTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+	)	ruck									
ğ	12th 17. FATHER'S NAME (First, Middle, Last)		1 11	Luck	DITVE	er				rucki			
		lerbert M	Stout				18. MOTH		ME (First, Midd	.,	,		
BE	19s. INFORMANT'S NAME (Type/Print)	CIDCIO II							rtha J				
2	Elizabeth Stout								Route Number,				1 01061
	20a. METHOD OF DISPOSITION							nue					nd 21061
	1 St Burlet 2 Cremation 3 Remo	oval from State	20b. PLACE A cemetary, cre	metory prot	her place)	TION (Na	me of	_	DATE	20c. LOC	ATION —	City or To	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Meado	wrid						Ba]	Ltimo	re,	Maryland
	Convers T. Congo Time and I Home D. A												
	perome	many	cour	no	40	01	Ritcl	nie 1	Hwy.	Balt.	imore	e. Mo	d. 21225
İ	23. PARTUL Enter the diseases, or gahock, or heart failure.	emplications that	caused the de	ath. Do n	ot anter t	the mo	de of dyl	ng, auct	h an cardiac	or reapi	ratory arr	eat,	Approximata
- 4	IMMEDIATE CAUSE (Fine)	crat only one cao	ad Oil GaCII IIIIG			_			1			`	Interval Batween Onset and Death
	disease or condition resulting in death)		6201C	RE	06	102	AR	M	( d	5078	X 1		
		DUE TO	OR AS A CONSEC	DUENCE OF	,			-	0		-		
2	Sequentially list conditions,	. CH	LONIC	- (		10	VOI	112	- (1	1600	ONA	5H	015
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	):								
5	CAUSE (Disease or injury	DUE TO	OR AS A CONSEC	VIENCE OF									
Ē	that initiated events resulting in death) LAST	352 10	ON NO H CONSEC	OLNOL OF	<i>y</i> -								i i
8 1		1					-						<u> </u>
4	PART II. Other algnificant condition	a contributing to	death but not r	eauiting i	n the und	leriying	cause g	lven in i	Part I. 24	B. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE
MEC												1	OF DEATH?
	DID TOBACCO USE CONTR	RIBUTE TO CAL	USE OF DEA	TH YE	S 🗆 N	10 🗆	UNC	ERTAIN	10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT									
)S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		8 Re	sidence	8 Other (Se	pecify)			
£	27. MANNER OF DEATH	28s. DATE OF (Month, Da		28b. TIME	OF 2	28c. INJU	JRY AT		28d. DESCRI	BE HOW IN	JURY OCC	URED	
B	Natural 5 Pending 2 Accident Investigation		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,	M		ES 2	NO					
	3 Suicide 6 Could not be	28s. PLACE Of building.	FINJURY — At house, (Specify)	me, farm, s	treet, factor	ry, office			28f. LOCATIO	N (Street ar	nd Number	or Rurel R	oute Number,
E L	6 Homicide determined								City of A	wii, Steley			
7	29s. CERTIFIER 1 CERTIFYING HYSIG	DIAN To the best of	my knowladge, de	ath occurre	d at the tim	ne, data	and place,	and due	to the cause(s	a) end man	ner sa atata	od.	
COMPLETED													and manner as stated.
	296. SIGNATURE AND TITLE OF CENTURE			-				NSE NUM		Т			(Month, Day, Yper)
H	Y XXX	$\supset$					0	700	507		DATE	1	12
2	30. NAME AND ADDRESS OF PERSON WHI	DO PLETED CAUS	E OF DEATH (ITEN	1 27) (Type.	Print)		0)	(7)	100		_	1110	/ / / /
	Dr. Steven Iz	Zi .	7575 Rit			าพลง	, C	1en	Burnie	⊃, M⊃	rvla	nd 2	1061
	31. DATE FILED (Month) Day Year	1 320 todao	Shardall		21	uy			TATIL!	-1.10	-J-ta	u Z	1001
	JAN 1 3 1995 &	wp											





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat. Of Health and Mental Hydiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR					F HEALTH OF DEA		MENTAL HYGIEN REG. NO	-	
	1. DECEDENT'S NAME (First, Middle,							2. DATE OF DEATH	AY	3. TIME OF DEATH
		J. Spiegel, S	r.					January		995 10:51 P
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b	oirthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	I. BIRTHPLACE (State or Foreign Country)
	213 05 4028	1 🔀 M 2 🗆 F	92	YRS.	months D	YS HOURS	MPN.	Aug. 17.	1902	Maryland
	9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE	ATH		Y OF DEATH
CTOR	North Arunde	L Hospital As	sociati	ons	Ann	a Arun	del-	-Glen Burn	ie /	AA County
G C		COUNTY			TOWN DR L					10d. INSIDE CITY
DIRE	Maryland	Anne Arundel			en Bui					LIMITS?
	10e. STREET AND NUMBER	110 111 41401			CII Da	101, ZIP COD	)E		10a CITIZE	1 TYES 2 NO
FUNERAL	200 Phelps A	Avenue				A	060			S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS			IC ORIGIN? (Specity Yes		4. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR			If ye	YES 2 NO	en, Maxicai	n, Puerto Rican, etc.)		Black, White, etc.  Specify:
BY	3 🔀 Widowed 4 🗌 Divorced						ороспу			White
ETED	15. DECEDENT' (Specify only highes	'S EDUCATION it grade completed)	16a. DECE (Give	DENT'S	USUAL OCCUI	PATION most of work	na	16b. KIND OF BU	SINESS/INDUS	STRY
<u> </u>	Elementary/Secondary (0-12)	Coilege (1-4 or 5+)	IIIe. De	o NOT use	retired.)					
OOMPL		2 years	Sug	peri	ntenda				lt Pla	int
	17. FATHER'S NAME (First, Middle, La	*	Cnion	- 1		18. MOT		ME (First, Middle, Maiden		
BE BE	40. 19500044450 4445 5	Joseph J.						lia Trib		
10 E	19a. INFORMANT'S NAME (Type/Print Jeanne Morel	,						oute Number, City or Tow		
pe l	20a. METHOD OF DISPOSITION						G.			yland 21060
medical examiner must be notified	1 X Buriat 2 Cremation 3 4 Donation 5 Other (Specify		20b. PLACE ANI	tory or oth	r place)	N (Nama of		DATE 20c. LO	CATION — CH	e, Maryland
191	21. SIGNATURE OF FUNERAL SERV		LUOTA K	reae	22. NAM	E AND ADDRE	SS OF FAC	1/12  Ba.	Itimor	e, Maryland
amir.	• (1)	727	-	1.				ce Funeral	Home	P.A.
a ex	23. PÁRT I. Enter the disease	In grame	rolls	M	400	Ritc	hie I	Twv. Balt	imore.	Md 21225
disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						Interval Between Onset and Daetr				
or other	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR	AS A CONSEQUE	ENCE OF	):					
MEDICAL		y Troit de	jution	υ 			given in I	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN:	DID TOBACCO USE CO						ERTAIN			
SICI/	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	one)				
5 2	1 TYES 2 THO	1 npetlant 2 ER		DOA	4 - Nursing		asidence (	B ☐ Other (Specify)		
marked, BY PH	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, Y		286. TIME INJU	RY	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCU	RED
B A	2 Accident Investige	ation				YES 2	ND			
m 28 is ETED	3 Suicide 8 Could n 4 Homicide datermin		JURY — At home. (Specify)	, ferm, st	reet, factory,	office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
If the		PHYSICIAN: To the best of my AMINER: On the beals of axami								
E C	29b. SIGNATURE AND TITLE DE CEE	RTIFIER			-	29c. LIC	ENSE NUM	BER		HGNED (Month, Day, Year)
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10	30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF	PE DEATH (ITEM 2	77 (Type, 1	Print) OSPITA	OR.	, Sun	430	GLENI	BIOGI
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE CLIAN ROAD	latt						

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	REGISTRAR				ICATE O			REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Las	*	-				2. DATE	OF DEATH		YEAR :	3. TIME OF DEATH					
		nes Vincent	Scaruz	ZZ1			Jan	10	Ž, 199	95	5:00 a					
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		6. BIRTHPI Country)	LACE (State or Foreign					
	053-16-8455	1 □XM 2 □ F	74	YRS.	MONTHS DAYS	HOURS MIN.	Jul'	y 6,192	20	Penr	nsylvania					
~	9a. FACILITY NAME (If not institution, give					OR LOCATION OF			9c. COUN	TY OF DEA						
5	II .	enee Drive			J	ppa			Ha	arfor	rd					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	NTY		10c. CIT	Y, TOWN OR LOC	ATION					0d. INSIDE CITY					
SHO	Maryland I	Harford		1.0	.,	Joppa				- 1	LIMITS?					
	10e. STREET AND NUMBER	Idilioid				Of. ZIP CODE			10a, CITIZ		YES 2 NO					
FUNERAL	576 Apt. F Ren	nee Drive				210	085		log. Gritz	USA						
N	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARM	MED	13. WAS DI	CENDENT OF HISP		N7 (Specify Yes	or No.		- American Indian,					
	1 Never Married 2 Married	FORCES? t I		0	If yes,	pecify Cuban, Maxi S 2 XNO Spe	can, Puerto	Rican, atc.)		Black, Specify	White, atc.					
BY	3 Widowed 4 Divorced					- A	,				White					
TED	15. DECEDENT'S ED (Specify only highest gra		(Gh	re kind of s	USUAL OCCUPAT	ION nost of working	16	. KIND OF BUS	INESS/INDU	JSTRY						
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		- 1									
COMPL	UNKNOWN  17. FATHER'S NAME (First, Middle, Last)		F	orema	an	_		U.S. G		ment						
						18. MOTHER'S I										
BE	John Sca	ruzz1						na Sala								
2	Control of the second second					and Number of Run										
	Thomas Vincent	Scaruzzi				Renee Dr										
	20a. METHOD OF DISPOSITION  1															
		LICENSEE DAWN H														
	1 101100 -1	ma	· LICEOI	21. SIGNAPURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald Cremation Society of Maryland, Inc.												
_	299 Frederick Rd. Baltimore, MD 21															
	22 24 27 1 5-1-1	11 (CAOTIC	uld		29	9 Freder	ick R	d. Ba	1timo	re, l						
	23. PART I. Entar the diseases, or ahock, or haert fallure	r complications that control of the	aused the das	ith. Do r	29	9 Freder	ick R	d. Ba	1timo	re, l						
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	anock, or naert failure	a	on sech lina.	lust	29 not enter the m	9 Freder	ick R	d. Ba	1timo	re, l	MD 21228 Approximats interval Between					
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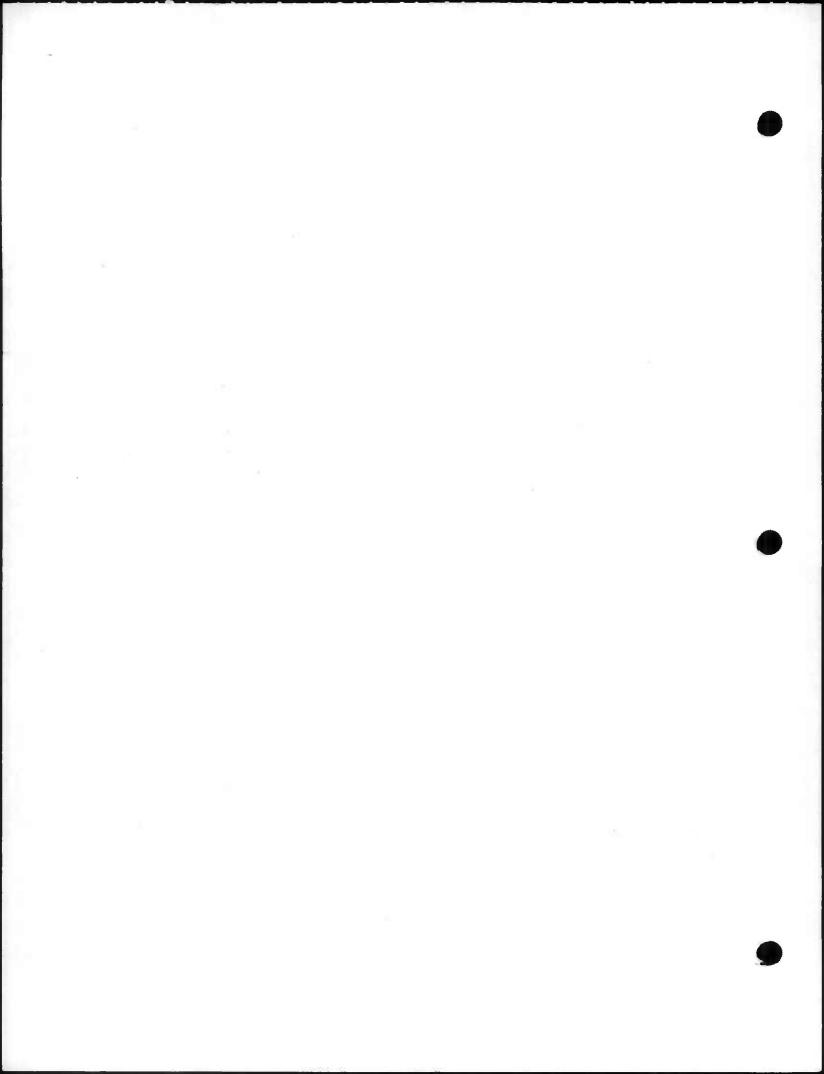
M.D. 4940 Eastern Avenue

Baltimore, MD 21224

M.D.

Michael Purtell,
31. DATE FILED (Month, Day, Year)
JAN 1 3 1995





DHMH-16 Rev 1/89

REG. NO.

1 - STATE REGISTRAR

		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH			3. TIME OF C	DEATH
			OXEL Sr.		_				JAN	00		YEAR	3:56	n '
		4. SOCIAL SECURITY NUMBER		(In yrs. laai		UNDER 1 YEA	_	IF UNDER 24 HRS.	7 DATE OF	BIRTH W. Year)			PLACE (State	or Foreign
Pi		212-30-7924	1 X M 2 🗆 F	61	YRS.				April	14, 19	333		ńtucky	
3 should	oc	9e. FACILITY NAME (If not institution, give :	:treet end number)		91	. CITY, TOV	MN OR	LOCATION OF DE	ATH		9c. COUN	TY OF D	EATH	
2.	힏	NORTH ARUNDEL	HOSPITAL AS	SOCIA	TION	GL	FN	BURNIF			A.A.	COU	NTY	
ges	DIRECTOR	10a. STATE 10b. COUNT			10c. CITY, T	OWN OR LO	CATIO	N				Т	10d. INSIDE	
permit. Pages		Md. Anne	e Arundel		Glen	Burn	ie						LIMITS?	
	3AL	10e. STREET AND NUMBER					10f. Z	IP CODE			10g. CITIZ	EN OF W	HAT COUNTR	177
an. ransit	FUNER	404 Broadview B	T					21061				SA		
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER I FORCES? 1V YES IF YES, GIVE WAR OR D	N U.S. ARI	MED O	If yes	i, speci	IDENT OF HISPAN Ify Cuban, Mexicor	i, Puerto Rical	pecify Yee 1, etc.)	or No-	14. RACE Block	- American White, etc.	Indian,
5-0020 nding physic as the burial	ВУ	3 Widowed 4 Divorced	Korean	ATES		10	YES 2	NO Specify				Specif	whit	Δ
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LAND of the hospital e detached to tonce.	COMPL	8		M	achin.	ıst	_			asti				
		17. FATHER'S NAME (First, Middle, Last)  Joe A. Alexar	ider				1	16. MOTHER'S NAM	J. <del>Tr</del>		7			
HARY stained by should be	BE	190. INFORMANT'S NAME (Type/Print)	1001	104	MAILING AD	DBERR (Cam		Number or Rural R			1.	rox	el	
2 5 5	2	Carol L. Troxel		1				Blvd.,					21061	
ORE, 6 may be ctor, page		20e. METHOD OF DISPOSITION	201	. PLACE A	NDDATEOFD	ISPOSITION	N/Name	of			ATION — C			
AOR pe 6 ma rector, p		1 Donation 6 Other (Specify)	oval from State C60	he G	reen 1	lount	Ce	emetery	1/12		ltimo			
ALTIMO death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	-		22. NAM	E AND	ADDRESS OF FAC	LITY					_
		- Lary	L. Loufe	22663	7	Gary	L	. Kaufma ain St	IN FUNG	eral	Home	ot	Elk.,	Inc.
B nours after d in by the or removal		23. PART I. Enter the diseases, or	complications that cause List only one cause on a	d the dec	th. Do not	enter tha	mode	of dying, such	as cardiac	or reapin	atory arre	et,	Approx	ximate
		IMMEDIATE CAUSE (Final	List only Dia cause on a	ach iine.				1	$\cap$					and Death
it, the		disease or condition resulting in death)	. 00	lerte	_ m	1000	780	rich ):	rtan.	ETT ON	~		Imn	nadio
68760 ecuted within and completely burial, crema attic event,			DUE TO (OR AS A	CONSEQ	UENCE OF):			-1					1440	/
B " O FI	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEO	UENCE OF:	14	r.A.	in a	Scan	Q_			198	Cer-
BOX ficate be e physician ne prior to ne traum	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	G.			1							İ	
	E	that initiated events	OUE TO (OR AS A	CONSEO	UENCE OF):									
C # BE P	H	readiting in death) EAST	d										ļ	
the death y the atte of Mental		PART II. Other algnificant condition	a contributing to deeth b	ut not re	eulting in t	ne underly	ying c	euse given in f	Part I. 24s	. WAS AN A		24b.	WERE AUTOPS	
and the state of t	EDICAL	emphi	1 slove						_   10	PERFORM			AVAILABLE PRI	
M 8 5 6	W									,	7	1	OF DEATH?	□ NO
2	ä	DID TOBACCO USE CONT						UNCERTAIN						
OF VITAL  PHYSICIAN: The law his certificate has b with the State Dept.  Ked, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OF DEATH (	heck only o	ine)							
F VIT. SICIAN: The certificate or the State I, or item	14S	1 YES 2 NO	1 Inpatient 2 ER/Outp	patient 3		Nursing h	_	5 Residence						
	- 10	1 Natural 5 Pending	(Month, Day, Ybar)		INJURY		WORK	2 NO	26d. DESCRIE	BE HOW IN	JURY OCCU	RED		
NOING NOING IS man	BÝ	2 Accident investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY	At hon	ne, ferm, stree				281. LOCATIO	N (Street an	d Number o	r Rural Ac	oute Number.	
DIVISION OR ATTENDING F DIRECTOR: After 1 hours after death item 28 is mar	ETED	4 Homicide determined	building, atc. (Spec	any)					City or To	wn, State)				
S S S S S S S S S S S S S S S S S S S	7	29e. CERTIFIER t CERTIFYING PHYSI	CIAN: To the best of my know	ledge, des	th occurred at	the time, d	iate en	d piece, end due t	o the cause(s)	end mann	er as stated			
HOSPITAL FUNERAL Within 72 TANT: II	COMPL		R: On the beels of exemination										end menner (	es stated.
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	BEO	296. SIGNATURE AND TITLE OF CENTIFIED	1.00				2	9c, LICENSE NUMI	BER	Т	29d. DATE	SIGNED (	Month, Pay, Ye	Har)
5 5 3 <b>X</b>	0	XQ E	Repair	m				D32	611		•	1//	0/95	)
	-	30. NAME AND ADDRESS OF PERSON WH					CL 5	N DUDAT	C 1400	VI A.	0.000	CA		
5+11		IRA KAPLAN, M. 31, DATE FILED (Month, Day, Year)	J2. REGISTRAR'S SIGN		KUAU 1	1300	ULE	IN BOKNI	c, MAR	TLAN	U ZIC	וטו		
		_	Talia Daviden R									•		
		IBRL L3 100F	HELLA CHUKULOKIN	Wolall.										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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		FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMENT	OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN	E		
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				ce Evel	lyn M	cLea	an Th	nomps	on			JAI		1995	YEAR	7:30 A
		4. SOCIAL SECURITY NUMBER		5. SEX			t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		OF BIRTN h, Day, Year)		BIRTHP Country)	LACE (State or Foreign
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Pages	DIRE	10e. STATE	10b. COUNTY				10c. CIT	Y, TOWN OR	LOCAT				~ .		3	IOd. INSIDE CITY LIMITS?
регтіт.		Maryland		Howard					_		llico	ott (	City			YES 2 NO
ii. Pe	ERAL			Dood					101	. ZIP CODE		L <b>04</b> 3		10g. CITIZ		TCLA
020 physician. burial-transit	FUNE	3000 North		12. WAS DECEDEN	NT EVED IN	III S ADI	MED	12 14	MS DEC	ENDENT O			10.10			JSA
020 physician. burial-tran		1 Never Merried 2		FORCES?	t YES	2 XN	10	Hr.	yes, sp	ecify Cube	n, Mexicar	n, Puerto	17 (Specify Yes Rican, etc.)	or No-	Black,	– American Indian, White, etc.
ding ding	BY	3 Widowed 4 Divo	proed	IF 1E3, GIVE 1	MAN ON DA	HES		''	U YES	2 XNO	Specify	Υ,			Specify.	Black
21215-0020 If or attending physic for use as the burial	E		EDENT'S EDUCA			16a. DE	CEDENT'S	USUAL OCC	CUPATIO	ON .		16b	. KIND OF BU	SINESS/INDU	STRY	
12 Eal or 12	LET	Elementary/Secondary (6		Coflege (1-4 or 5	+)	life.	Do NOT us	e retired.)	aring mo	St OF WORKE	N/					
AND 2 the hospital detached to once.	COMPL	12					Sea	mstr	ess		_		C1o	thing	Indu	ıstry
<b>▼</b> 9 9 E	8	17. FATHER'S NAME (First, M								18. MOTE	NER'S NAI	ME (First, i	Middle, Maiden	Sumeme)		
RYL ed by th	BE			kle McLe	ean								e Arne			
MAR retained 5 should notified	2	190, INFORMANT'S NAME (1				- 1							ber, City or Tow			
y be		Pame1a E1		age	1990			Beri			ane	7	lumbia			
Page 6 may al director, pa		1 Burlal 2 Crametic	on 3 Remov	ral from State	20b.	place a	matory or of	of DISPOSIT ther place) 2001	TION (No	Tmo	01	DAT		CATION — C		
Page dire						elic	) CLE			TIIC.		L/11		Balti	nore.	MD
ALTIN death. Pag tuneral di i. examiner		21. SIGNATURE OF FUNERA			- May	M							of Md	., Inc	2.	
			ge E. Ma					299	9 F	reder	rick	Road	l Bal	to. I	MD 21	L228
ed in	1	23. PART I. Enter the d ehock, or h	eart feliure. Li	mplicetione the st only one cet	et ceused use on ea	the dec ich iine.	eth. Dor	ot enter ti	he mo	de of dyi	ing, such	ea cerd	diec or reapi	ratory arre	st,	Approximeta interval Between
filled on o		IMMEDIATE CAUSE (Fir disease or condition	nal													Onsat and Daath
d within ompletely 1, cremat		resulting in death)	<b>→</b> a.	Dement		0011050				_					_	5 years
	_				OR AS A			-):								
executed and control burial, matic en	RTIFICATION	Sequentially list condit		Arteri	COSCL OR AS A			T):				_				years
sician prior 1	AT	if any, leading to imme cause. Enter UNDERLY	ING					,								
certificate ding physi sydiene pr	Ĕ	CAUSE (Disease or Injuthat Initiated eventa		DUE TO	(OR AS A	CONSEO	UENCE OF	7:		_						
T = 8 = 0	ERT	resulting in deeth) LAS	T d.													
the death y the attend Mental Highry, o	O	PART II. Other algnifics	int conditiona	contributing to	deeth bu	it not re	esuiting i	n the und	lectvino	COURS C	sheen in I	Dort I	24a, WAS AN	AUTOBOV	T 0.00 W	WERE ALITHOUGH ENGINEER
A and at the	CAL	Coronary	-			21 1101 11	eauting i	ii die diid	rettyntig	g ceuse y	hven in i	art i.	PERFOR	MED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
ires th signed teafth	EDIC	Breast Ca										-	1 YES 2	□ NO	0	F DEATH?
requires seen sign of Heaft	Σ	DID TOBACCO U			LISE OF	E DE AT	TLI VE	C 🗆 N	O B	Z LINIC	EDTAIN				1	YES 2 NO
The law the has the Dept em 23	AN	25. WAS CASE REFERRED T		BOIL TO CA	_			H (Check on		UNC	EKIAIN	<u> 1 П</u>				
IN: The ficate b State	S	EXAMINER?		HOSPITAL:				OTHER:		4 5   Da	nidama (	0 D Other	- (P/h.)			
ENDING PHYSICIAN: The After this certificate his death with the State of them anaked, or them	PHYSICIAN:	27. MANNER OF DEATN		28e. DATE OF	FINJURY		28b. TIM	E OF 2	28c. INJ	URY AT	siderice (		CRIBE NOW I	NJURY OCCL	RED	
NG PHYS fter this eath with	ВУ Р		Pending Investigation	(Month, D	Jay, Year)		INJ	URY M		RK? (ES 2	NO					
After death death		2 Cutata	Could not be	28e. PLACE C	of INJURY	— At hor	ne, farm, s	treet, factor	ry, office			281. LOC	ATION (Street	and Number o	r Rural Rou	ite Number,
	TED		determined	Journally,	, etc. (opeci	'9)						City	or Town, State)			
6	E	29a, CERTIFIER (Check only	IFYING PHYSICI	AN: To the best of	f my knowle	edge, das	eth occurre	d at the flm	ne, date	and place.	end due	to the cas	se(s) end mer	nor as state		
# # # = # = # # # # # # # # # # # # # #	OM	one) 2 MED	ICAL EXAMINER:	On the beale of e	xemination	end/or la	nvestigatio	n, in my opi	Inlon, d	eath occur	ed at the t	lima, date	end place, en	d dua to the	cause(a) a	and manner as stated.
S 5 5 7 1 5 1	00	296, SIGNATURE AND TITLE		^	,	-	-				NSE NUM					fonth, Day, Year)
TO THE P TO THE P The filed v	8	Richa	W 11	11 Corli	us	1	M	D			3157				/09/	
FFA	2	20 NAME AND ADDRESS OF	E DEDEON WHO	4/5	05 05 05						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			U	107/	J.J.

Richard Kolodrubetz, M.D. 9501 Old Annapolis Road Ellicott City, MD 21042

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	1. DECEDENT'S NAME (First, Middle, Last)	8.1				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH						
	MILDRED CECELT  4. SOCIAL SECURITY NUMBER		1		1	TANHADY	09 19	95 4.21 P.						
	216-03-4718	1 M 2 F 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)						
	9s. FACILITY NAME (If not institution, give si		/8 Ths.	95 CITY TOWN	OR LOCATION OF D	MARCH 6, 19	916 Ma	aryland						
E C		10000	TATION			EATH								
ECTO	NODTH ADUNDE HOS				BURNIE		LANNE	ARUNDEL						
8	Md.			TY, TOWN OR LOCA altimore				10d. INSIDE CITY LIMITS?						
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	1 X YES 2 NO						
FUNERAL	1162 Washingtor	n Blvd.			21230		1	JSA .						
בַּ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	IN U.S. ARMED			NIC ORIGIN? (Specify Ye		RACÉ - American Indian, Black, White, etc.						
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		NO Specif			white						
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16s. DECEDENT	S USUAL OCCUPATI	ON	16b. KIND OF BU								
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT L	work done during me use retired.)	osl of working									
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homem	aker		Own Ho								
- 1	Albert Elsroad					ME (First, Middle, Maiden								
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		Pfamenstie Aoute Number, City or Tov		tal .						
임	Pamela M. Vogel					., Balto.,		21230						
	20a, METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Remo		b. PLACE AND DATE	OF DISPOSITION (N		DATE 20c. LC	CATION — City							
	4 Donation 5 Other (Specify)		metery, crematory or o Loudon_P	ark Ceme	terv	1/ <sub>13</sub> Ba	ltimore	e. Md.						
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Garv	ND ADDRESS OF FA	CILITY		of Elk., Inc.						
	Lary o	1. Lough	Main St.	, Elkridge	. Md.	21227								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.  Approximate interval Betwee Onset and Deat Course (Finel)													
	IMMEDIATE CAUSE (Finel disease or condition	F. 0.115		14										
	resulting in death)		A CONSEGUENCE O		RT F	AILURE	3	8 DAYS						
				/-										
	Sequentisity list conditions, if any, leeding to immediate	DUE TO (OR AS /	A CONSEQUENCE O	PF):										
3	CAUSE (Disesse or injury	DUE TO (OR AC	A CONSEQUENCE O											
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR AS /	A CONSEQUENCE O	PF):										
2	DARK II OM - A MI				\ .									
5	PART ii. Other significent conditions					Part f. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
MEDIC	CEVEN	-ITIS A	/	1000 3	116	1 YES 2	Z/10	OF DEATH?						
	DID TOBACCO USE CONTR							1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)		101								
Si	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patisnt 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	5 Other (Specify)								
E	27. MANNER OF DEATH  1 Netural 5 Pending	25s. DATE OF INJURY (Month, Day, Year)	26b. TIR	NE OF 28c. INJ	JURY AT DRK?	26d. OESCRIBE HOW	NJURY OCCURE	0						
	2 Accident Investigation	De- DI AGE OF IN HIM			YES 2 NO									
3	3 Suicide 6 Could not be datermined	26s. PLACE OF INJURY building, stc. (Spe-	city)	street, factory, offic	•	261. LOCATION (Street : City or Town, State)		tural Route Number,						
	29s. CERTIFIER CERTIFYING PHYSIC	NAM: To the heat of my beau	de de la de											
COMPLE		CIAN: To the best of my know R: On the basis of exemination						use(s) and manner as stated.						
	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)						
	January 7	1			025		<b>▶</b> J7	10 10 19QC						
ן מ					7-0-0	,		1.21/13						
10 m	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)			3/							
TO BE	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	S_CRAIN	HIGHWAY	#3GLF	EN BURNIE.	MARYI A	ND 21061						

_	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Gentnude	Voq	relman		2. DATE OF DEATH MONTH Fanuary	8. 1995	3. TIME OF DEATH
phonds	4. SOCIAL SECURITY NUMBER 231 16 8797 90. FACILITY NAME (II not institution, give a	1 □ M 2 ဩ F	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) Oct. 14,	1904 Pen	nsylvania
1, 2, 3 sh CTOR	Summit Nursing	,		Catons	ville	BEATH	Baltim	
Pages	10a. STATE 10b. COUNT	Y ====		ry, town on Local	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
unal-transit permit. FUNERAL D	104. STREET AND NUMBER 903 Cooks Lane	2B		101	21229		10g. CITIZEN OF	WHAT COUNTRY?
B B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	ee or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. offy: White
once.  COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +)	(Give kind of Itle. Do NOT u	USUAL OCCUPATION Work done during more retired.)	ON st of working		USINESS/INDUSTRY	wiite
0 4	17. FATHER'S NAME (First, Middle, Leet)	Charles Leyn	House	wife		AME (First, Middle, Meide		
5 should notified TO BE	196. INFORMANT'S NAME (Type/Print)  Judith Davis	maries Leyn	19b. MAILING 2413	- 230th	nd Number or Rural	anche Ella Route Number, City or To	wn, State, Zip Code)	land 21122
must be	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State 20b.	PLACE AND DATE	OF DISPOSITION (Na	me of		OCATION — City or T	num State
e Tuneral dir il. examiner	21. SIGNATURE OF FUNDRAL REPRISE LA	resto	ne	Georg 4001	D ADDRESS OF FA e J. Gor Ritchie	nce Funera Hwy. Bal	1 Home P.	Α.
cremation, or	IMMEDIATE CAUSE (Final	a. August 100 on a course on a course on a course on a course on a course on a course on a course of the course of	nch line.	not enter the mo	de of dying, suc	ch as cardiac or rea	piratory arrest,	Approximata interval Between Onset and Daeth
Hydiene prior to burial, or other traumatic er SETIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F): (/	NSCV	<u> </u>		
signed by the Health and Me ws any inju	PART II. Other aignificent condition	a contributing to death be	ut not reaulting	in the underlying	ceuse given in	Part i. 24a. WAS AI PERFO	RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
State Dept. of Item 23 sho	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE		UNCERTAI	NØ		1 TYES 2 THO
i he	1   YES 2   NO 27. MANDER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
Is mark	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	- At home, ferm, i	M 1 🗆 Y	ES 2 NO	281. LOCATION (Street City or Town, State	end Number or Rural i	Route Number,
그 그 트	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle						
De fled within 72 IMPORTANT: If O BE COMF	2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CESTIFICA	R: On the beele of examination	end/or investigation	n, in my opinion, de	29c. LICENSE NUI			
TO BI	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAME OF DEA	NTH (ITEM 27) (Type,	Print)	001	474	> g/m	9, 1995
	31. DATE FILED (Month, Day, Yeer)	32. REGISTRAR'S SIGNA						
	JAN 13 199	5 John Stu	dear Reals	11				

COUNTY THE ISM REQUIRES that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

The interpretation has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made by the funeral hygiene prior to burial, cremation, or removal.

Is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTACK TO THE FUNERAL DIFFERENCE BE filed within 72 location IMPORTANT: If item 8.15

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERIIF	CATE	OF DEAT	Ή	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	0		_			- 1	2. DATE OF DEATH DA	NY Y	3. TIME OF		
	Ruby 4. SOCIAL SECURITY NUMBER	G.	WOODI						ĭ, 199	5 6:3	31 A M	
	238 30 3417	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	MONTHS C	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Sept. 17.	1922	BIRTHPLACE (State Country) N.C.	te or Foreign	
_	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATIO		тн	9c. COUNTY	OF DEATH		
ТОР	Franklin Sq.	Hospital				Rossv	ille		Balt	imore		
Ä	10a. STATE 10b. COUNT			10c. CIT	, TOWN OR	OCATION				10d. INSID	E CITY	
L DIF	Maryland Ba	ltimore			Middl	e River				1 TYES	2 NO	
FUNERAL DIRECTOR	1018 Cord S					101. ZIP CODE 21	220		10g. CITIZE	USA	TRY7	
급	11. MARITAL STATUS  1 Never Married Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	NO	13. WA	DECENDENT OF	F HISPANIC	ORIGIN? (Specify Year Puerlo Rican, etc.)	or No- 14	RACE — America Black, White etc.	n Indian,	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 NO		Tono moun, occ,		Specify: Water	ite	
삗	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	ive kind of u	USUAL OCCI	PATION ng most of working	2	16b. KIND OF BUS	INESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma	. Do NOT us	sewif		,		Home			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	E (First, Middle, Maiden	Sumama)			
BE C	Donley Chu	rch				Lu	су	Shirley				
5	19a. INFORMANT'S NAME (Type/Print) Odell H. Woodie		191	LO18	Cord	St. B	or Rural Roo altir	nore, MD 2	n, State, Zip Co 21220	de)		
	20a METHOD OF DISPOSITION 1-19 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE	AND DATE O	fdisposition i	N (Name of al Garde	ens ]	DATE 20c. LO	CATION — CHY Bel Ai	or Town, Stata		
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	,	1		ME AND ADDRES				7		
	Alena /s	Suzk	gus	Er				meral Home		MD 2122	on .	
	23. PART I. Enter the diseases, or	complications that	causad the de	ath. Do n	ot anter th	moda of dyln	ng, auch	ea cardiac or reapi	ratory arreal	t, Appr	roximate	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one caus	e on aach lina	l.	Interval Between Onset and Death							
	disease or condition resulting in death)	a. Pulmo	nary Ed	ета						i .	hours	
ı	reacting in deatily		OR AS A CONSEC		):					12	Hours	
Z I	Sequantially list conditions,	b										
EDICAL CERTIFICATION	If any, leading to immadiata	DUE TO (	OR AS A CONSEC	DUENCE OF	):							
2	CAUSE (Disease or injury	c										
	that initiated eventa resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE OF	):							
		d										
ا پر	PART II. Other aignificant condition	ns contributing to d	death but not r	eaulting in	tha unde	iying cause gi	ivan in Pa	ert I. 24a. WAS AN	AUTOPSY	24b, WERE AUTO	PSY FINDINGS	
<u>১</u>								PERFOR	MED?	AMAILABLE		
								_ 1 _ YES 2	X NO	OF DEATH?		
Σ.	DID TOBACCO USE CONT	PIRLITE TO CAL	ISE OF DEA	TH VE	s $\square$ NC	INCE	DTAIN	_		1 TES	2   NO	
¥ I	25. WAS CASE REFERRED TO MEDICAL	I CAC			H (Check only		KIAIN	<u> </u>				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIME		. INJURY AT		Other (Specify)	LIURY OCCUR	FD		
	1 Natural 5 Pending	(Month, Day	y, Year)	INJU	IRY	WORK?						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY - At ho	ma, ferm, s			$\rightarrow$	81. LOCATION (Street a	nd Number or I	Rural Route Number		
COMPLETED	4 Homicide detarmined	building, e	tc. (Specify)					City or Town, State)				
3	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of n	ny knowledge, de	ath occurre	d at the time,	data and place, a	and dua jo	The cause(s) and men	ner as stated.	-		
8	one) 2 MEDICAL EXAMINE									suse(a) end manne	r as stated.	
	290. SIGNATURE AND TITLE OF CERTIFIE	н .				29c. LICEN	NSE NUMBE	ER T	29d. DATE SI	GNED (Month, Day,	Vegri	
B	M Muni	n MD					1786		<b>)</b>	11195		
2	30. NAME AND ADDRESS OF PERSON VI	O COMPLETED CAUSE	OF DEATH (ITEM	# 27) (Type:	Print					( )		
	Amanda T	rimpey, M	D. 90	00 Fr	ankli	n Squar	e Dr	ive Balt	imore,	MD2123	7	
	31. DATE FILED (371995 ar)			_		•						
	/											

45 700 30 Management of the street wiftin semilika a bea ka an anasadensa kan The second of the second second second 

95-013 Item20b 1-13-95 FilmG719 W.H.Per F/H

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YI	3. TIME OF DEATH
		RAYMOND	W	HITAKER					95 4:58 P.W
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		T.	BIRTHPLACE (State or Foreign Country)
20		215-08-7096	1/23 M 2 □ F 2(	O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07-28-7	4 1	Maryland
should		9s. FACILITY NAME (If not institution, give a	street end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
6,	CTOR	5002 MORAVIA R	OAD APT.A		BALTI	MORE CI	ТҮ		
<del>-</del>	5	RESIDENCE OF DECEDENT  10s, STATE  10b, COUNT			TY, TOWN OR LOCA				Total
Pages	DIRE	MD.	•	106. 641					10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER			Baltin				th∰YES 2 ☐ NO
2	RA		Dand Ame	A	10	H. ZIP CODE		110.71	OF WHAT COUNTRY?
dan.	FUNERAL	5002 Moravia	12. WAS DECEDENT EVER I		10 270 050				.S.
215-0020 attending physician. ise as the burial-transit	4 1	1 Never Married 2 Merried	FORCES? 1 YES	2 1 NO	it yes, sp	pecify Cuben, Mexica	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	a or No- 14.	. RACE — American Indian, Black, White, etc.
The training	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TES	S 2 NO Specif	y:		Specify: Black
r attending use as the	60	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	S USUAL OCCUPATION	ON	166. KIND OF BU	SINESS/INDUS	TRY
ZTZ		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo ise retired.)	ost of working			
Spita Shed	<u>4</u>	10th		Unemp	loyed		1		
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surneme)	
# & & #	6 111	Raymond Whital	ker Sr.			Denis	e Wilson		
MAR retained 5 should	TO B	19e. INFORMANT'S NAME (Type/Print)	1000	19b. MAILING	ADORESS (Street 1		Route Number, City or Tow	rn, State, Zip Con	de)
		Denise Wilson		4503	Sipple	e <u>Avenu</u>	e Balto.	.MD. 2	21206
- CO		20s, METHOD OF DISPOSITION **Extra 2   Cremation 3   Rem	20b	. PLACE AND DATE	OF DISPOSITION /N/	lame of	OATE 200 LC	CATION - City	or Town, State
) w E		4 Donation 8 Other (Specify)	Mt	Tetery, crematory or o	Cemete	ery 01/	16/94 L	andsdo	owne, MD.
after death. Page by the funeral direct moval.		21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE			ND ADDRESS OF FA	CILITY		
er death, Per the funeral val.		> moths.	Wester CF	FSP #28	1   , , ,	n1. 2.1.1.2	1/2.	1-2/	N.Monroe ST.
S after of the removal.		23. PART i. Enter the disesses, or	SOOM C		ا و با و با	Chillip	s F/H Ba	LEO.	MD. 21217
E S D		shock, or heart failure.	List only one cause on e	ach iina.	not enter the me	ide of dying, soo	in se calciec or resp	Ingrory arrest	interval Between
Figure 1		iMMEDIATE CAUSE (Final disease or condition	14.11 - 2	en					Onset and Death
ted within 24 completely fille (al, cremation, the coeff.)		resulting in death)	S. MULTIPLE ( DUE TO (OR AS A	SONSEQUENCE O	or wo	UMDS			
B 5 - 6			895 10 (011	( COMBEDUCADE S	<b>*</b> ):				
	ERTIFICATION	Sequentially list conditions,	OUE TO (OR AS A	A CONSEQUENCE O	PF):				
7 0 5 0 6	SAT	if any, leading to immediate cause. Enter UNDERLYING	1		.,				İ
tifical phy ene	Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	A CONSEQUENCE O	F):				
anding Hygier	E	resulting in death) LAST	d						
the death y the attend of Mental	O	DART II Other significant condition					T		
1 2 4 4	EDICAL	PART ii. Other significant condition	is contributing to death b	at not resulting	in the underlying	g ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
res that signed by leafth any	ğ						1 YES 2	≧ □ NO	OF DEATH?
no de de	ME								t 🗆 YES 2 🗆 NO
has be Dept.		DID TOBACCO USE CONT		-			N 🗆 📗		
	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:				
SICIAN: The Certificate the State	1 00 11	1 X YES 2 NO	1 Inpetient 2 ER/Outp		4 - Nursing Hom			AT SCI	
This ce with the ce	РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	ORK?	28d. DESCRIBE HOW		
After the death of mark	B	2 Accident Investigation	FOUND L8-91	ribu	-	YES 2 NO	Suase		HO(
TTENDII TOR: A after de		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, i	street, factory, offic	:0	281. LOCATION (Street City or Town, State)	)	
OR ATTENDING OR ATTENDING DIRECTOR: After Yours after death	<u></u>		PESIDE	EN-CE			5002 HOR	PUIDE	us blown horago
CAL OR A AL DIREC 72 hours	ם		ICIAN: To the best of my knowl						
		one) 2 TMEDICAL EXAMINE	ER: On the beele of examination	n end/or investigation	on, in my opinion, d	Jesth occured at the	time, date and place, en	id due to the ce	ause(e) end menner se stated.
THE HOSPI THE FUNE filed within	E C	29b. SIGNATURE AND TITLE OF CERTIFIES	R . // AO			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
5 5 5 M	0 B	UDUAL Me	Soul			O.C.M	.E.	▶ JAN	N 9,1995
	F	30. NAME AND ADTRESS OF PERSON WH			, Print)				
1		MAGNADALAN A	, KORSU M		enn St	reet, B	altimore	, Mary	yland 21201
_ \		31. DATE FILED (Month, Day, Year)	32. RIGISTRANIS SIGN	ATURE P	,				
1	1 1/2	MINI I A 1343	A CONTRACTOR OF THE STATE OF TH	241C10.044-11.					

L. D. L. S. A. M. BERLEY AND

95-014

the hospital or attending physician. **MARYLAND 21215-0020** retained by hours after death. Page 6 may be BALTIMORE, BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH REGINALD WHITAKER JAN 0.8 95 4:58 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS Maryland 215-08-5579 1★ M 2 | F 19 DAYS (Month, Day 2'0ar) 7 5 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR MORAVIA ROAD APT, A BALTIMORE\_CITY 10a. STATE 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 101 7ID CODE 10g. CITIZEN OF WHAT COUNTRY? 5002 Moravia Road Apt. A U.S. funeral director, page 5 should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1- Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9th COMPL Labor once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond Whitaker Sr. क Denise Wilson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Denise Wilson 4503 Sipple Avenue Balto., MD. 21206 pe 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE. must Removat from State Mt. 210n Cemetery 01/949 Landsdowne, MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe ST outra CFSP #281 Hectn E.L.Phillips F/H Balto..MD. the medical and completely filled in by a burial, cremation, or remov 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List pnly one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Daeth the disease or condition resulting in death) GUNS YOT WOUNDS TO TORSO event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. 2 DUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediata that the death certificate be the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 Injury, DIVISION OF VITAL RECORDS, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? theen signed by the pt. of Health and M shows any 1 SES 2 NO requires 1 OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has b Dept. The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Tem. certificate h HOSPITAL: OTHER: DR ATTENDING PHYSICIAN: XXYES 2 NO 4 Nursing Home 5 Residence 6 X Other (Specify) AT SCENE Inpatient 2 - ER/Outpatient 3 -6 27. MANNER OF DEATH 28b. TIME OF this c. 28a. DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED marked, 28c. INJURY AT 1 Netural 1 YES 2 NO FOUND 1-8-95 Sums JEG SHOT ULL BY After 1 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sutotda 28 1s ETED 6 Could not be DIRECTOR: A 4 Homicide datermined ESIDEN Co Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL (Check only one) TO THE HOSPITAL

TO THE FUNERAL I

be filed within 72 h

IMPORTANT: It II HOSPITAL AMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. AIGNATURE AND JITLE OF CHATIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mel Ne O.C.M.E. JAN 9,1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YLAGA MOS W KOREN 0 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Ye. 32 AEGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, PER MEU FILM G-720 2/21/95 t.t.

Item#1 Per F.H. FILM#G-719 01/13/95 R.M.

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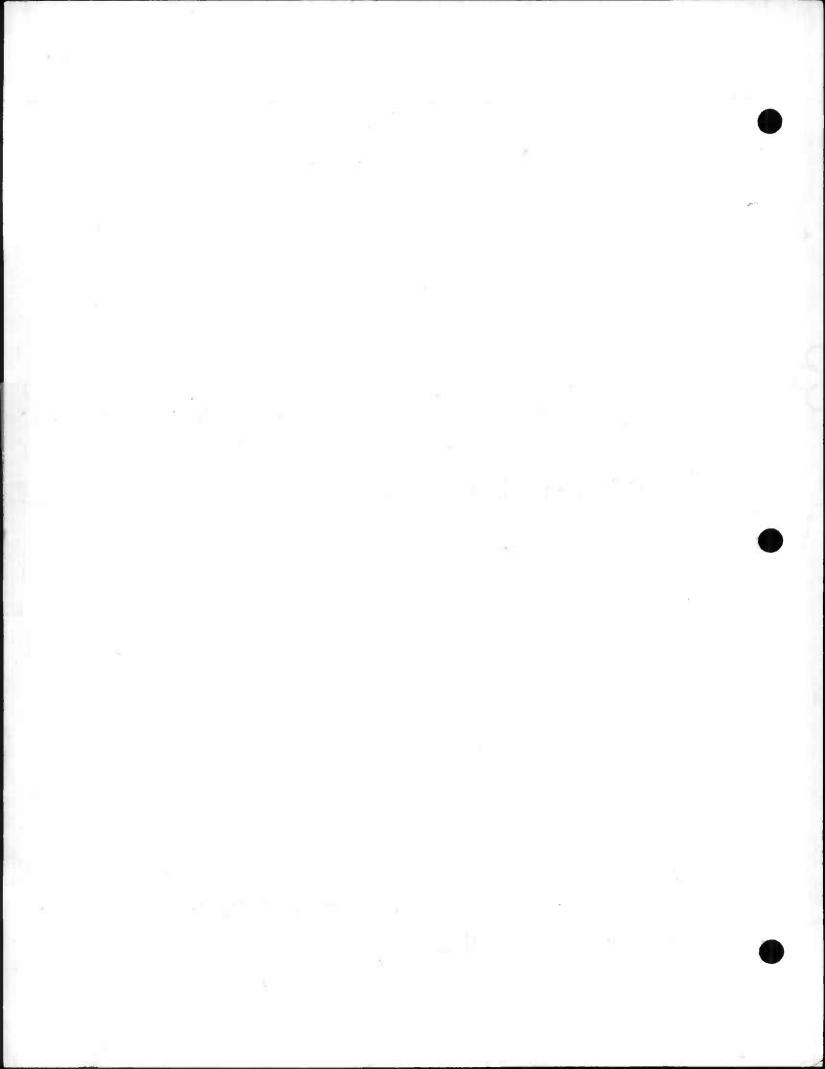
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,	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)  KAMEN	GERAMI	V	VATKIN	S	2. DATE OF DEATH DAN.	ĭ1 19	3. TIME OF DEATH 95 9:54A		
	4. SOCIAL SECURITY NUMBER 214_43-0741		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	I.	BIRTHPLACE (State or Foreign Country)		
_	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF DE		9c. COUNTY	OF DEATH		
CTO	ST.AGNES HOSP	ITAL		BALT	IMORE					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	a lto			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	80 . [	Dukeland	st.		2/2/6			U.S.A		
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 XNO	If yes, s		IIC ORIGIN? (Specify Ve n, Puerto Ricen, etc.)	s or No — 14.	RACE — American Indian, Black, White, atc. Specify: Black		
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY		
I at once.	17 FATHER'S NAME (First, Middle, Last)  Marian  Duane	e Robinsi	m	·/./	18, MOTHER'S NAM	ME (First, Middle, Maiden	Surneme) + Kin	5		
notified TO BI	100. INFORMANT'S NAME (TyperPrint)	Kins	273/	0	nd Number or Rural F	lls Pkwy	n, State, Zip Co	BA14 md 21216		
r must be	Op: METHOD OF DISPOSITION 15 Buriel 2 Cremation 3 Remo	oval from State cer	PLACE AND DATE DI	Thmm	mal PK /1945 Randal Stown and					
odical examiner	21 SIGNATURE OF FUNERAL SERVICE OF	ENSEE MANDON	n Je	22. NAME A	nd address of far arch F. H 100 Will	- West	,			
CERTIFICATION	immediate CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	NT DEATH SY A CONSEQUENCE OF	:	-	•		Onset and Beetl		
s any inju	PART II. Other eignificent condition	s contributing to death b	out not resulting in	ths underlyin	g causs given in	Part i. 24a. WAS AN PERFOI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
3 shows N: MEC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH YES	□ NO [	UNCERTAIN	V []		1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **XXYES 2 \( \) NO	HOSPITAL: 1   Inpatient 2   ER/Outs		OTHER:	- M-	- m - all all all all all all all all all a				
rked, or	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c. IN.	IURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	NJURY OCCUR	IED		
28 is mar TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, at crify)			261. LOCATION (Street City or Town, Stete)	and Number or i	Rural Route Number,		
ANT: If Item 2		CIAN: To the best of my know						ause(e) and menner as stated.		
PORT	200 BIGMATURE AND TITLE OR CENTINES	fell A			O.C.M.	IBEA		IGNED (Month, Day, Year) 12, 1995		
2	MARIO F= GOT	COMPLETED CAUSE OF DE	111 Pen	n Stre	et, Bal	timore,	Maryl	land 21201		
5	JAN 1 3 1995 July	32. REGISTRAR'S SIGN								
	1							Augustia P		



FOR STATE REGISTRAR

TO BE COMPLETED BY DHYSICIAN. MEDICAL CEDTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	IEALTH AND	MENTAL HYGIE		
		Agnes Ward				2. DATE OF DEATH	DAY 1995 YE	3. TIME OF DEATH 5 a.m. M
	4. SOCIAL SECURITY NUMBER 220-18-4005	1 🗆 M 2 💢F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year), Dec. 12,	1902	PRTNPLACE (State or Foreign ountry)  aryland
TOR	98. FACILITY NAME (If not institution, 106 Rockr	immon Rd.	9		erstown	EATH	9c. COUNTY	of DEATH timore
DIRECTOR	10e. STATE 10b. CO			rown or Locat				10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	10e, STREET AND NUMBER 106 Rock	rimmon Road		101	ZIP CODE 21136	3		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 \( \subseteq \text{ YES} \)	2 NO	13. WAS DEC	ecify Cuban, Mexico	NIC ORIGIN? (Specify an, Puerto Ricen, etc.) by:	- 1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest of the secondary (0-12)		18a. DECEDENT'S US (Give kind of work life. Do NOT use in House	k done during mo etired.)	DN st of working		usiness/inoustr	ny .
BE CO		o Tamburo			Aug	ME (First, Middle, Maidle ustine Pa	lmisano	
0	19a. INFORMANT'S NAME (Type/Print) Rose Logue		196. MAILING AC	krimmor	Rd., Re	Aoute Number, City or To isterstown	Md. 2	1136
	20e METHOD OF DISPOSITION  1	Removal from State com	PLACE AND DATE OF I	emer C	em. Jan.	16, 1995	Baltime	or Town, State
	► H.G. E	blandt		Eckha 1160	Reiste	eral Chap rstown Rd	., Owing	21117 gs Mills, Md.
	23. PART I. Enter the diseases, abook, or heart fells IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congleti	ech lina.				piratory arreat,	Approximate interval Between Onset and Death
ENTINATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
MEDICAL C	PART II. Other significant conditions and a condition of the conditions of the condi	arrthym	4	he undarlying	cause givan in	Part I. 24s. WAS A PERFC	PRMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 _ YES 2 _ NO
SICIAIN	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpet		THER:	ACE OF OEATH (Ch	a Cther (Specify)		
10.10	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU WOI	IRY AT	28d. DESCRIBE NOW	INJURY OCCURED	
	3 Suicide a Could not		— At home, ferm, stree	et, factory, office		281. LOCATION (Stree City or Town, State	and Number or Ru	ral Route Number,
T I		HYSICIAN: To the best of my knowled MINER: On the basis of examination						se(e) and manner as stated.
1	29b. SIGNATURE AND TITLE OF CERT	Choe ma	0		29c. LICENSE NUN D 455	19 / P	29d. DATE SIGN	IED (Month, Day, Year)
	1702 Liber	ty Rd,	Elder	burg	me me	d 2	178	4
	31. DATE FILED (Month, Day, Year)	1995 REGISTIVAR'S SIGN	uction Randal	4	,			

AND STATE OF STREET

this cartificate has breen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Days. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 sked, or Rem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760 BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OF TO THE FUNERAL De filed within 72 ment IMPORTANT: II TO BE COMPLE

DWG										0 0	1	0679
Items:	23 par	t I,27,28a	,b,c,d,e,	f per Mi	EO G-73	D 2/2/9	5 ret			20	) (	0013
FOR STATE REGISTRAR		STATE OF I	MARYLAND			F HEALTH		MENTA				
1. DECEDENT'S NAME (First,	Middle, Last)				AIL (	JI DEA		2. DATE	REG. NO.	-		3. TIME OF DEATH
PATRICI	Α		1	WALLA	CF			JAN	'H D/		YEAR	
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. In	T .	F UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE	OF BIRTH		95	1115A PLACE (State or Foreign
218-90-54		1 🗆 M 2 🙀 F	49	YRS.	ONTHS DA	YS HOURS	MIN.	(Mon	T 21	45	Countr	MAICA
	RANT		E.	9		TIMOR				9c. COL	INTY OF D	EATH
RESIDENCE OF DEC	10b. COUNTY	,		I so CITY :	TOWN OR L	CONTION						
MD					LTO	OCATION						10d. INSIDE CITY LIMITS?  XX YES 2 \( \bar{\text{N}}\) NO
100. STREET AND NUMBER						10f. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
2906 GRAN	TLET	AVE				21	215				U.S.	Α.
11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yes	DECENDENT ( a, specify Cube YES XXNO	n. Mexica	in. Puerto	N? (Specify Yea Rican, etc.)	or No-	14. RACE Black Specif	— American Indian, White, atc.
	DENT'S EDU	SATION	T 40 - 20									BLACK
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		ECEDENT'S US Bive kind of wor a. Do NOT use r	k done durin	PATION g most of worki	ng	168	. KIND OF BUS	INESS/IN	DUSTRY	
12TH				UNK	NOMN							
T. CALLAM							HER'S NA ALOI		Middle, Malden VIC	Surname)	S	
19a. INFORMANT'S NAME (Ty			19		DRESS (Str	eet and Number	or Rural I	Route Num	ber, City or Town	r, State, Zij	Code)	
NORMAN W	ALLAC	CE		2906	GR.	ANTLE	Y A	VE E	BALTO,	MD	21	215
20a. METNOD OF DISPOSITION A DONATION 5 Other	n 3 🗆 Rame (Specify)		20b. PLACE Co∯€∰∰	AND DATE OF I	MORI.	N(Name of AL PA	RK	117	95 RA	NDA	City of Too LLST	OWN, MD
21. SIGN OUTE OF FUNERAL	SERVICE LIC	H. Jh	mypsn	n Je		RCH F			4300	WA	BASH	AVE
23. PART I. Ester the district, or he IMMEDIATE GAUSE (Findlesses or condition resulting in death)	art fallure.	ABDOMI	t caused tha de ise on asch line NAL AND H (OR AS A CONSE	EAD INJU						ratory ar	rest,	Approximate interval Betwee Onset and Deat
Sequentially list condition if any, isading to immediate. Enter UNDERLY!	lata	DUE TO	(OR AS A CONSE	OUENCE OF):				-				
CAUSE (Disease or Injurthat Initiated events resulting in death) LAST	<b>' ' '</b>	DUE TO	(OR AS A CONSE	OUENCE OF):								
DART II Other design												
PART II. Other significan	t condition	contributing to	daath but not i	resulting in 1	tha undari	ying cause (	given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF DFA	TH YES			ERTAIN	<u>.</u>				1 YES 2 NO
25. WAS CASE REFERRED TO				E OF DEATH				•				
EXAMINER?		HOSPITAL:	ER/Outpatient 3		THER:	Nome = F1 =	aldac==	B [] AH	a (Danult )			
27. MANNER OF DEATN		28a. DATE OF	INJURY	286. TIME 0		Nome 502 Re	Rideuce	8 Othe	r (Specify) SCRIBE NOW IN	FILIBA OC	CHBED	
	ending_ westigation	Found: 1		foundament 11:00	Y A	WORK?	NO D		ject fel		CONED	
3 Suicide 8 C	could not be etermined	28a. PLACE O- building,	F INJURY — At ho etc. (Specify)	Home	et, factory, o	offica		28f. LOC City	ATION (Street a or Town, State) Grantle	nd Number		oute Number,
29a. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowiedge, de		t the time	data and place	and due			-		

29c. LICENSE NUMBER O.C.M.E.

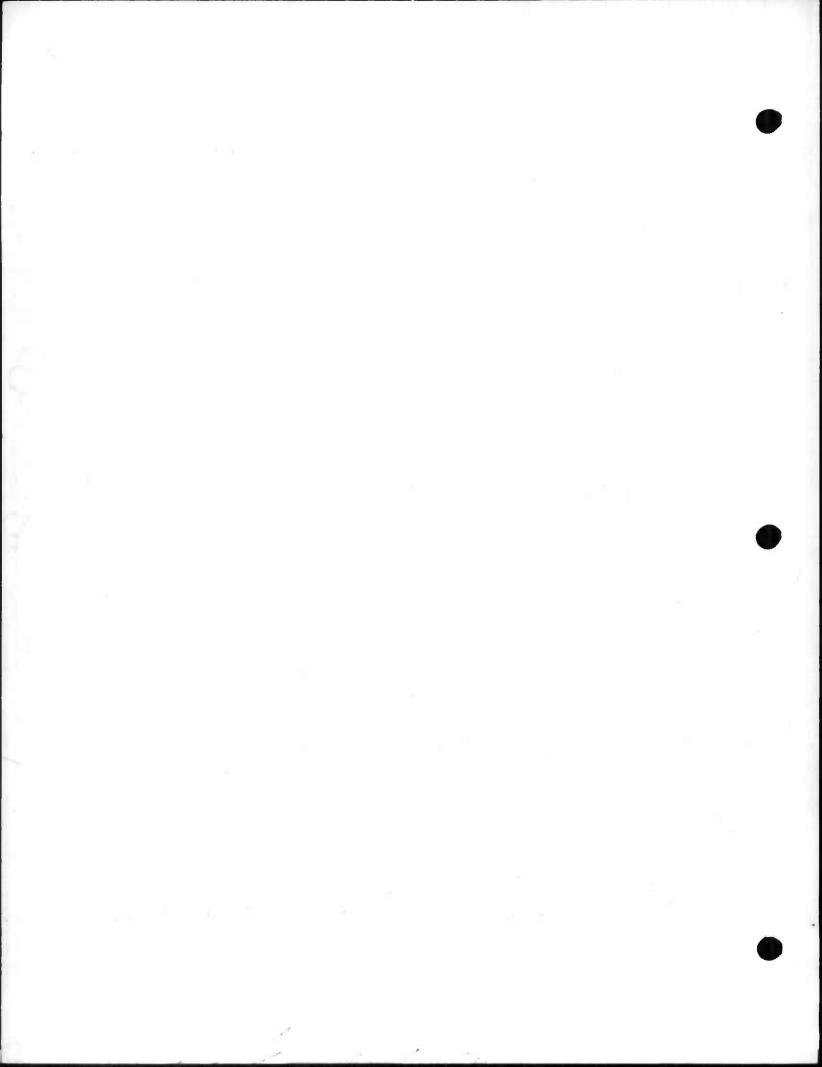
Penn Street, Baltimore, Maryland 21201

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

09/95

29d. DATE SIGNED (Month, Day, Year)

JAN.



FOR

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
(	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF CEATN 3. TIME OF DEATN				
	HAZEL MARGARETTE WATTS									JANUARY 02 199			4:35 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last 1				Thiday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.								PLACE (State or Foreign
				YRS.	YRS. WORLD DAYS HOURS WIN.					10=12	2	Te	xas
~	9a. FACILITY NAME (If not institution, give street and number) Homewood Retirement Center				9b. CITY, TOWN OR LOCATION OF DI Williamspor								EATN
TOF	RESIDENCE OF DECEDENT	Trement	Center		W1	111	ams	por			Wasi	ning	gton Co
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
										LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER		10f. ZIP CODE						10g. CITI		VHAT COUNTRY?		
NE	16505 Virgin						795			U	SA		
	11. MARITAL STATUS  1 Never Merried 2 Married FORCES? 1 YES 2 X N				- 1	yes, spe	ecity Cuba	n, Maxicai	n, Puerto Rici	C ORIGIN? (Specify Yes or No- , Puerto Rican, etc.)		14. RACE — American Indian, Black, White, afc.	
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES			1 NO Specify:				:			Speci	Specify: White	
ED	15. DECEDENT'S ED	EDENT'S	NT'S USUAL OCCUPATION					ND OF BUS					
LET	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)												
MP					_								1
BE COMPLETED									NAME (First, Middle, Meiden Surname)				
	Walter Alvan McClure  Bertha Lillian moore  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											е	
2	Mr Augustus W	atts											t,MD21795
	20a. METHOD OF DISPOSITION		20b. PLACE A	HODATE	OF DISPOSI				DATE	7	CATION —		
	1 Burial 2 Cremetion 3 Red 4 Monation 5 Other (Specify)		cemetery, crem	,	,								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Rona	ld Wade	,Di									
	Corel B. Galler 655W. Baltimore St, Balto, MD21201												
23. PART I. Enter the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cerdiec or real shock, or heart fellure. List only one cause on each lins.										or reapir	ratory erro	eat,	Approximeta
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  s. Atomorphism of the Condition of the Cond												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):												
	Sequentially list conditione,  Due to (OR AS A CONSEQUENCE OF):												
CAT	ceuse. Enter UNDERLYING												
E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
#	resulting in death) LAST												
CAL	PART it. Other eignificant condition		deeth but not re	sulting	In the un	deriying	csuse g	iven in I	Pert I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
200	Varkinon discuse.								PERFORMEO?				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	*								_			1 YES 2 NO	
PHYSICIAN: MEDI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
io.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
1YS	1												
	1 Natural 5 Pending	(Month, D			URY	WOI	RK?	NO	288. UEŞCH	IBE HUW IN	IJUNY OCC	UHED	
ВУ	2 Accident Investigation 3 Suicide 2 Country Street							-	28f. LOCATION (Street and Number or Rural Route Number,				
Ħ	4 Nomicide  8 Could not be determined  8 Could not be determined												
PE	29e. CERTIFIER (Check only   1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.												
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the ceuse(a) and manner as stated.												
BE C	290. SIGNATURE AND TITLE OF CENTURY												
P SE MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE/OF DEATH (ITEM 27) (Type, Print)											1/3/15		
											-	17(1)	
	31. OATE FILED (Month, Day, Year)	14 ) 6	R'S SIGNATURE	on	1 M	4	176	105	you	u'	سال	4	146
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	
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ING	Affer	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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ITEM: 1. PER F.H. FILM G-719 1/13/95 t.t FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH / 3. TIME OF DEATH WILSON 95-YEAR BERNETTE EDITH WILSON 10,00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAVE 1 M 2 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE HARYLAND 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STELLA 1204 21207 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify BLACK 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) V CARE COMPL ROVIDER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDALL TPENE BE 19a. INFORMANT'S NAME (Type/Print) 2 2/207 A TONVA 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Burial 2 Cremetion 3 Rai ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS Jackere 1206 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ CA Lung reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) neumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Stroke DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS OT ROURS LIBRALE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO M BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

AS244-1614

3001 S. HANOVER ST. BALTIMORE MD 2122

JUMRUSSIRIKUL

HOSPITAL CENTER,

32. REGISTRAR'S SIGNATURE Atudier Rodell

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)

BE

2

PITAYADET

HARBOR

DHMH-16 Rev 1/89

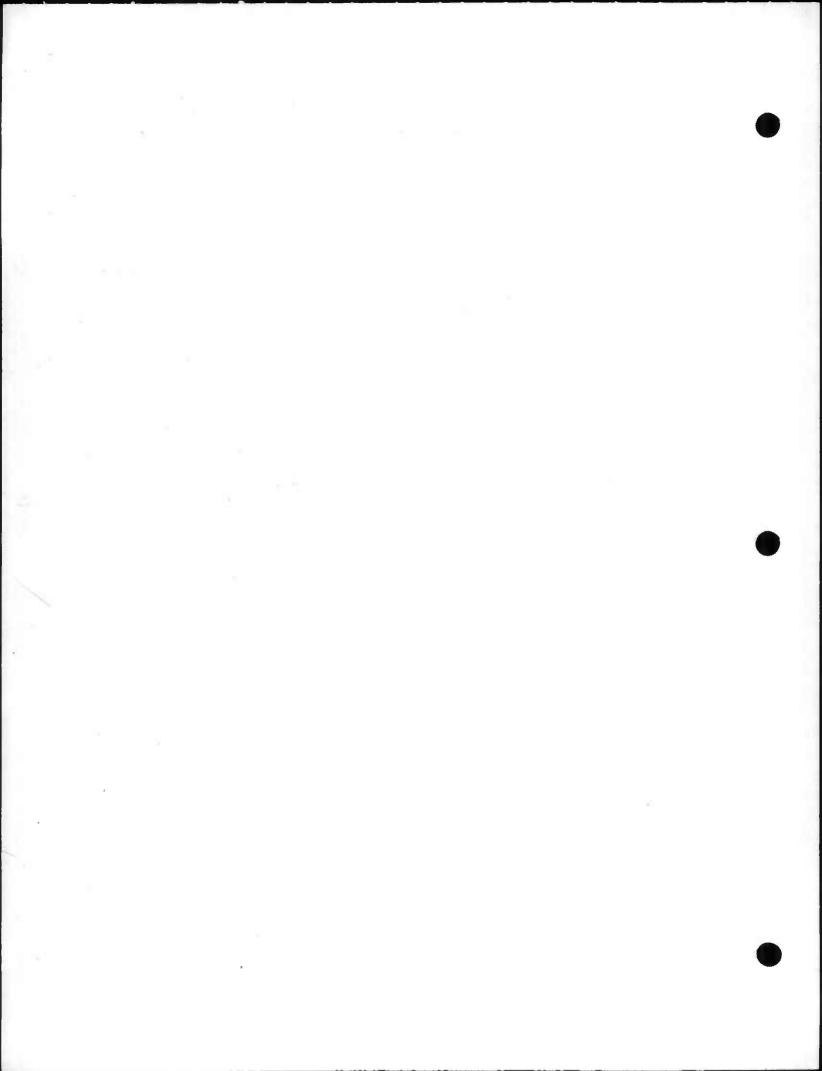
29d. DATE SIGNED (Month, Day, Year)

10/95

SERVICE ENGINEERS

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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ATTE	500	s afte	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	DIR	hour	Her
_1	-	-CV	

	1 - FOR STATE OF MARYLAND						E			
	1. DECEDENT'S NAME (First, Middle, Leat)  Alvin K. Wi	nten	ICATE OF	DEAI	2	REG. NO.  DATE OF DEATH MONTH DA  anuary 7,	199	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  2/2 44 7338  1 ☑ M 2 ☐ F  48  98. FACILITY NAME (if not institution, give street end number)	yrs.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN	HOURS	MIN. M	May 15, 1946 West Vi			CE (State or Foreign	
DIRECTOR	North Arundel Hospital RESIDENCE OF DECEDENT		Glen B		N OF DEAT		Anne Anundel			
1	10e. STATE 10b. COUNTY  Maryland Anne Anundel  10e. STREET AND MIMMER 10e. STREET AND MIMME		Pasadena  101. ZIP CODE					10d. INSIDE CITY LIMITS? 1 \( \text{YES} \( 2 \subseteq \text{NO} \)		
FUNERAL	7913 Colchester Count			2112			U.	S.A.	COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 12 YES 2 IF YES, GIVE WAR OR DATES VIET Nam  15. DECEDENT'S EDUCATION  16. DECEDENT'S EDUCATION	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, stc.)  1 YES 2 NO Specify:					Black, Wh Specify:	American Indian, lite, atc. White	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	ECEDENT'S Give kind of le. Do NOT u WNER	USUAL OCCUPAT work done during m se retired.)	ION ost of working		Restau		USTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Winters			Allice es	Orle	ME (First, Middle, Maiden Surname) Lena Nield				
2	Kathleen Winters 7	96. MAILING	Colchest	end Number of er Co	urt	o Number, City or Town Pasadeno	ı, Ma	ryland		
	1 0 Surial 2 □ Cremation 3 □ Ramoval from State 4 □ Donation 8 □ Other (Specify) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	AND DATE remetory or o	of disposition (A ther place) ge Memo	rial T	Park	1/11 Bal	timor	ity or Town, s	nyland	
	C. Ruchan Son	e	4001	nd address e J. Ritch	s of facility once ie Hw	Funeral W. Balti	Home	P.A.		
N	23. PART I. Enter the diseases, or complications that caused the disease, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (Op/As A CONST	e. anc	4						Approximate interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not				ven in Par	t i. 24a, WAS AN / PERFORI	MED?	COM OF S	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
SIAN:			S NO [	UNCE	RTAIN					
PHYSICIAN:	TO Pending  27. MANNES OF DEATH  1 Pretural 5 Pending  28. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY W	JURY AT ORK?	28	Other (Specify) d. DESCRIBE HOW IN	JURY OCCI	URED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At houlding, etc. (Specify)	ome, farm,		YES 2		I. LOCATION (Street er City or Town, State)	nd Number o	or Rural Route	Number,	
COMPLETED	29e. CERTIFIER (Check only  MEDICAL EXAMINER: On the beele of examination and/or								manner se stated.	
		4.0.		29c. LICEN	292	0	29d. DATE	SIGNED (Mon	th, Day, Yeer)	
-	30, MAINE AND ADDRESS OF PERSON WHO COMPLETED CASSE OF DEATH (ITE  37. DATE FILED (Month, Dey; Your)  32. REGISTRAR'S SIGNATURE	M.Q	mb	2113	77					
	JAN 1 3 1995 July Davidson Rarlall									



TUDE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. in 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ATTENNING PHYSICIAN: The law requires that the death certificate be executed within

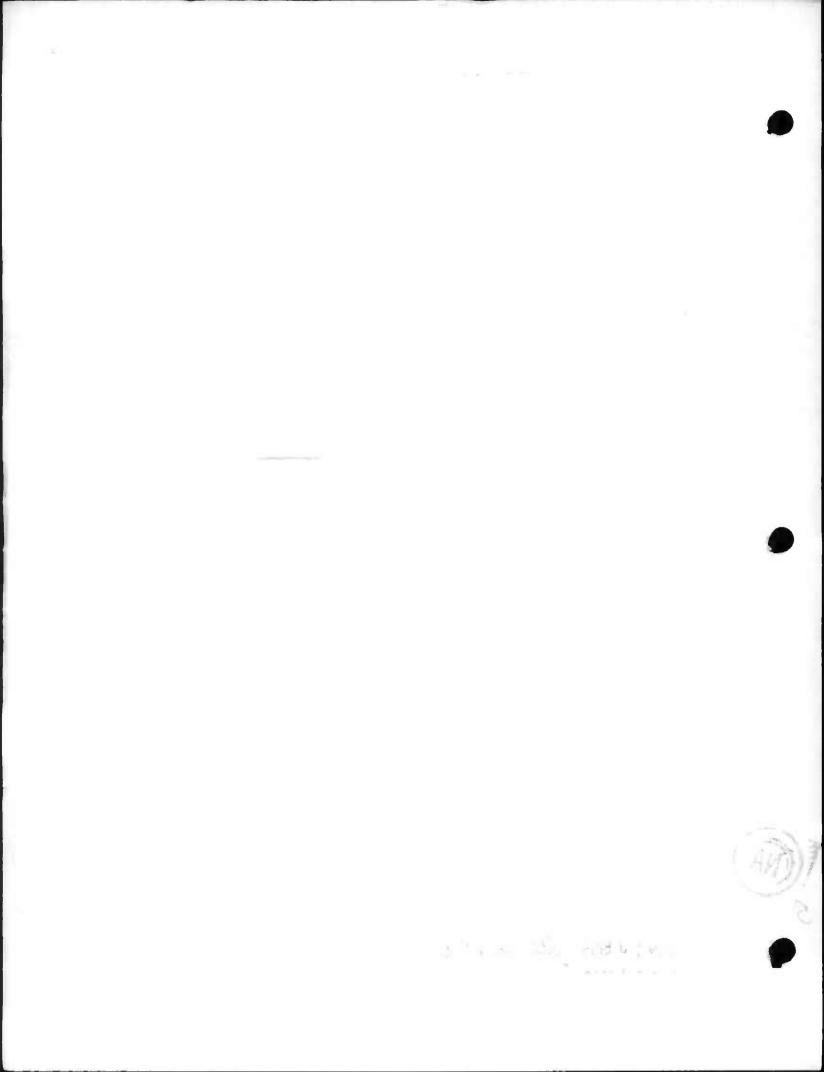
BALTIMORE, MARYLAND 21203-3146

VISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	
_	STATE	
_	DECICTOAD	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  EDYTH E	W	ALTER	25		2. DATE OF DEA	DAY 9	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SI 1	127.00	(In yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRD (Month, Day, Y 1-1-2	rh 6	8. BIRTHI Country V	PLACE (State or Foreign	
20	9a. FACILITY NAME (H not Institution, give street at Denton Medical (			96. COUNTY OF DEATH Baltimorrre						
חוחבוווו	10a. STATE 10b. COUNTY		Bal	town or Loca	TION			10d. INSIDE CITY  VAMITS?  1 TES 2 NO		
ERALI	100. STREET AND NUMBER 611 South Charl	les ST.			1. ZIP CODE 21230		10g. CIT	TIZEN OF W	HAT COUNTRY?	
DI TO	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFMED FORCES? 1 YES IF YES, GIVE WAR OR DAYES			If yes, sp	CENDENT OF HISPAN Hecity Cuben, Mexicar NO Specify	n, Puerto Rican, a		14. RACE Black	- American Indian, , White, atc.	
PLEIEU	15. DECEDENT'S EDUCATION (Specify only highest grade compilementary/Secondery (0-12)  1 2  Col		16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during me e retired.)	on oat of working mestic	16b. KIND (	OF BUSINESS/IN	DUSTRY		
12 Domestic  17. FATHER'S NAME (First, Middle, Last)  Beattie Walters Adaline Walters										
Dedictie Waiters Adaline Walters  196. INFORMANT'S NAME (Type/Print)  Gussie Lavelle 861 Park Ave. Baltimore, MD 21201										
20a. METHOD OF DISPOSITION    During   2   Cremetion 3   Removal from State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H PA 638 N. Gilmor ST. 21217									
	23. PART I. Enter the diseees, or com-			ot enter the m	ode of dying, eucl	h ee cerdlec or	reapiratory as	reat,	Approximete	
	ahock, or heert fellure. Elet of IMMEDIATE CAUSE (Final disease or condition resulting in deeth)			lden	Dea	C/L			Interval Between Onset and Death	
5	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  CAUSE (Disease or injury)  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	ale fe	, m	elled	his		4.5	
CENIC	reaulting in death) LAST									
JEAL	PART II. Other algnificent conditions con	ntributing to deeth	Oblai,		ig ceuee given in	P	VAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
PHTSICIAN: MEL						_			1 TYES 2 THO	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)				
2	1 YES 2 NO 1 -	Inpetient 2 ER/Ou		4 - Nursing Ho	ne 5 Residence			COURED		
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY	YES 2 NO	200. DESCRIBE	HOW INJURY OF	ZORED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, : ecify)	street, factory, offi	ê e	26f. LOCATION City or Town	(Street and Number, State)	er or Plumai P	loute Number,	
COMPLEIED	296. CERTIFIER Check only one)  2 MEDICAL EXAMINER: On								) and manner as stated.	
O DE C	296. SIGNATURE AND TITLE OF CERTIFIER S	1-1	1		29c. LICENSE NUM	798	<b>&gt;</b> /	TE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF D	DEATH (ITEM 27) (Type	Print) La	ivel M	P 2	670	8		
	31. DATE FILED (Month, Day, Year)	.32. REGISTRAR'S SIG								



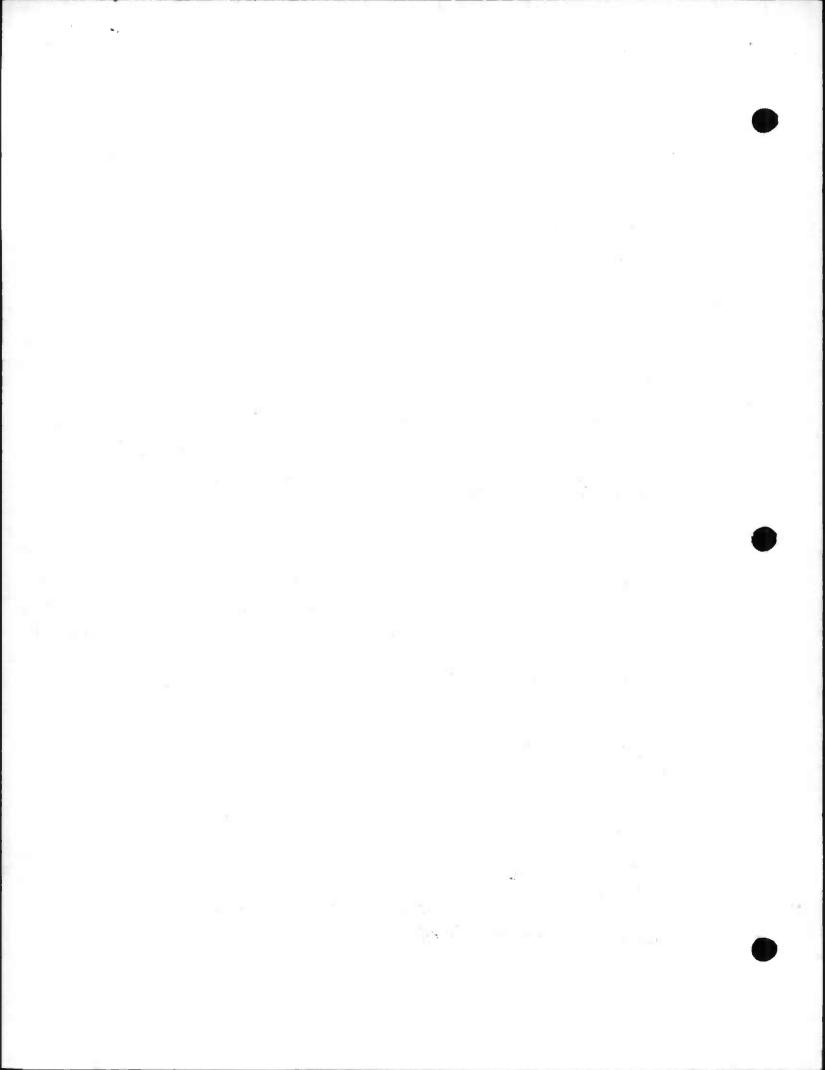
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

YSICIAN: The law requires that the death certificate be executed with. From a first death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: In from 22, it marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 1 3 1995

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	FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND	/ DEPAR	RTMENT (	OF HE	EALTH A	AND M					
	1. DECEDENT'S NAME (First, Middle, Last)	•		ENTIF	ICATE	OF I	DEAI	П		REG. NO			
		1.5 1.1							2. DATE OF MONTH	DEATH	8"	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	, WILLI						-	JANU		8	1995	
		5. SEX	8. AGE (in yrs. i		IF UNDER 1 Y		HOURS 2	MIM	7. DATE OF (Month, D.	ay, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	220-36-8763	1 💢 M 2 🗌 F	94	YRS.			nouns		Sept.	25,1	900		sville,Md.
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TO	CITY, TOWN OR LOCATION OF DEATH					9c. COU	NTY OF D	EATH
OR	Fallston General	Hospital	L		Fall	Lsto	n				Han	rford	1
DIRECTOR	RESIDENCE OF DECEDENT												
띪	10a. STATE 10b. COUNTY				Y, TOWN OR								10d. INSIDE CITY
		timore			Kingsv	/1 <sub>1</sub> 1	.e						1 - YES 2 X NO
AL	106. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF							IZEN OF V	VHAT COUNTRY?				
ER	11252 Belair Road 21087 U.S.A.												
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE —							— American Indian, c, White, afc.					
7	1 Never Married 2 Married	FORCES? 1	YES 2 NAR OR DATES	Хио				, Maxican, Specify:	, Puarto Rica	n, etc.)		Spec	
В	3 Widowed 4 Divorced		000-00-045			,	-V-V	GD0011Y				Whi	te.
	15. DECEDENT'S EDUC		16a. I	DECEDENT'S	USUAL OCC	UPATION	V .	_	16b. Kil	ND OF BUS	SINESS/INI	DUSTRY	
E	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5	+)	ite. Do NOT u	work done duri se retired.)	ring most	t of working	7					
₫∣	5th.		Fo:	reman,	/Chauf	ffeu	r		Sta	te G	over	nment	5
COMPLETED	17, FATHER'S NAME (First, Middle, Last)			·		T	18. MOTH	ER'S NAM	E (First, Midd	lle, Malden	Surname)		
0	John A. Willick						Emm	a Cl	oman				
BE	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street and	d Number c	or Rural Bo	urto Number	City or Tow	n State 76	n Code)	
임	Mrs. Doris E. Hed	ckner			untain				lston				
	204 METHOD OF DISPOSITION	SKITOI			OF DISPOSITION			1 41	DATE	<del></del>		City or To	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rame	oval from State	cometery, c	crematory or a	ther place)	n paga	Cam	1/1	2/95				
1 M Burial 2   Cremation 3   Ramoval from State   St. Johns Episcopal Cem. 1/12/95   Kingsville, Md.								i'iu .					
		0	1	1					Funer	al H	ome		
	トラナス	assa	kn	,								e Md	21087
	23. PART i. Enter the diseese, pr	omplicetions the	t caused the	deeth. Dp	not enter th	ne mod	e of dyin	ig, auch	ee cardiac	or respi	ratory ar	rest,	Approximate
- 1	ehock, or heart failure. 1	List Drily one ceu	ise Dri eech ili	ne.		./				/			intervei Between Onsat and Death
	iMMEDIATE CAUSE (Final disease or condition		man	stil	e b	10	en 7	+ 4	21	in	1		44
	resulting in death)	a. DUE TO	(OR AS A CONS	EQUENCE O	E)	-	ru	/			7		rougo
_				L'	Ca	70-			C.				>5VIII
CERTIFICATION	Sequentially liet conditions,	b. DUE TO	(OR AS A CONS	FOUENCE O	D. 0		100	24	<i>)</i>				hours
Εl	if sny, leeding to immediate ceuse. Enter UNDERLYING	at	7.0.01	a le	. X:	(	32	1.	. Da		. n	100	7 rue-
윤ᅵ	CAUSE (Diseese or injury that initiated events	DUE TO	(OR AS A CONS	FOUENCE O	F.			770	VIVIE	w	n be	seav	2 1 3 Jun
Ē	resulting in deeth) LAST		Our	0-1-1-	~								1 Month
핑		d								-			
- 1	PART ii. Other significent condition	contributing to	deeth but not	reculting	In the unde	eriying	ceuse gi	iven in P	art i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
호	- Testicul	in 1	nus	-						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밃									_   '	YES 2	XIII	- 1	OF DEATH?
2	DID TOBACCO USE CONTR	DIRLITE TO CA	LISE OF DE	ATLI VI	S D NO	0 KJ	LINICE	RTAIN					1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA					UNCE	KIAIN					
25. WAS CASE REFERRED TO MFDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)  OTHER:													
248. WAS AN AUTOPSY PERFORMED?    DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   UNCERTAIN													
2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Burel Route Number.													
۱۵	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY — At I atc. (Specify)	homa, farm,	Rtreet, factory,	, office			281. LOCATIO	N (Street a	ind Number	r or Rural A	loute Number,
COMPLETED	4 Homicide datarminad												
	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occum	ed at the time	o, deta ar	nd place, a	and dua to	the cause(s	and men	iner aa sta	ted.	
NO.													) and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		111111				29c. LICEN						
ᇤ	Kerlento	4. VW	our	V		Ι,		632			ZVG. DAT	1/9	(Month, Day, Year)
0	7	and the second second second second second					$\mathcal{D}^{I}$	675	5 /			1101	73

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
PERPECTO C. VALARAD, MD 17/6 HARFOLD ROFALLSTON MP 21647



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1,0001,4 1-1	.5-75 : 1.11	mG/17 W	HILL	st F/	11				90	) U	0000	
	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND	MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Mull:	ine						ATE OF DEATH			3. TIME OF DEA	TH
	Josiephi	ne muit.	WEES	E					inuary 1	Ď. 1	995	2:40	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest			at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. D.	ATE OF BIRTH			PLACE (State or Fi		
	-233-38 <del>-2354</del>	1 □ M 2XXF	94	YRS.	MONTHS	DAYS	HOURS MIN.	7 o7	7057190	0	Count	ny)	J. U. g.,
- 3	9a. FACILITY NAME (If not institution, give s	treat and number)			AL 0171	V 700001	OR LOCATION OF	VIIGHIA					
œ								DEATH					
2	RESIDENCE OF DECEDENT	Franklin Square Hospital					sville			Ва	1time	ore	
DIRECTOR	10a. STATE 10b. COUNTY	,	10c, CITY, TOWN O					_				10d. INSIDE CITY	,
E	Margaland B	-1+imore			,				. 1 .			LIMITS?	
5	Maryland B	altimore						seda	те	1		1 TYES 2X	Йο
FUNERAL						101	. ZIP CODE					WHAT COUNTRY?	
Ä	9723 Philadelph						212				Inite	d States	5
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AI  1 Never Married 2 Married FORCES? 1 YES 27				13.		ENDENT OF HISP		IIGIN? (Specify Yas	or No-	14. RACI	E — American Indi k, Whita, etc.	en,
ВУ	1 Never Merried 2 Merried   FORCES? 1 YES 2 X   IF YES, GIVE WAR OR DATES						2 NO Spec		no nicen, etc.)		Spec	itv:	
		ı .									1	White	<u> </u>
	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	(Gi	CEDENT'S	work done	during mo	ON sl of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
iu	Elementary/Secondary (0-12)	College (1-4 or 5 +)	) Iffe.	Do NOT u	se retired.)								
COMPLETED	4 Years		H	omem	aker	•			Own	Hame	2		
8	17. FATHER'S NAME (First, Middle, Last)						0.00		rst, Middle, Maiden				
ш	Thomas Mullins						Sarah	El:	izabeth	(N	lot K	nown)	
8	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRES	S (Street a	nd Number or Run	I Route f	Number, City or Town	n, State, Z	ip Code)		
2	Pearl E. Stuckey			9723	Phi	lade	lphia R	oad	Roseda	le.	MD	21 237	
	20a. METHOD OF DISPOSITION		20b. PLACE	=			_		_	_	- City or To		
	↑ Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cemetery, crea	matory or o	ther placa)	tors	01/1//	05	TuTh				
Suriel 2   Cremation 3   Ramoval from State   Competery, crematory, or other place)   What Coat Cemetery 01/14/95   White Sulph										_			
	- A A	0 //				Duda	-Ruck F	une	ral Home	of	Dund	alk, Ind	· .
	7/ 11	4				7922	Wise A	ve.	Dunda1	k, N	1D 2	1222	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.								Approxim				
ŀ	IMMEDIATE CAUSE (Final	-iet billy bila caus	na Dii aacti iina	•								Onset and	
ŀ	disease or condition resulting in death)	. Coma										24 ho	
ì	readiting in death)		OR AS A CONSEC	OUENCE OF):								24 110	urs
-	_	Hypert	ension									1	
◙	Sequentially list conditions, if any, leading to immediate	D	OR AS A CONSEC	UENCE O	F):								
¥.	cause. Entar UNDERLYING	Chroni	c Obstru	ictiv	ze Pi	11mo	nary Dis	eas	e			1	
표	CAUSE (Disease or Injury that Initiated events		OR AS A CONSEC					,					
CERTIFICATION	resulting In death) LAST	Cerebr	ovascula	ar Ac	ccide	ent							
8		1				-110						-	
7	PART II. Other algnificant condition	s contributing to	death but not n	eaulting	In the vi	nderiying	cause given l	n Part I	24e. WAS AN		24b.	WERE AUTOPSY F	
2									PERFOR			AVAILABLE PRIOR COMPLETION OF (	
									1 1 123 2	A NO		OF DEATN?	
2	DID TOBACCO USE CONTR	DIDLITE TO CAL	ICE OF DEA	TII V	·c []	NO FE	LINICEDTA	***	, ]		- 1	1   YES 2	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	ABUTE TO CAL					UNCERTA	IN L	]				
힐	EXAMINER?	HOSPITAL:		E OF DEA	OTHE								
₹	1 YES 2 X NO  27, MANNER OF DEATN	1 X Inpatient 2 🗆					e 5 🗆 Residence	1					
표	1 K Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIM INJ	IE OF JURY		RK?	28d.	DESCRIBE NOW IN	NJURY OC	CCURED		
B	2 Accident Investigation				М		ES 2 NO	_					
	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY — At hor rtc. (Specify)	me, farm, :	street, fac	tory, office		281. [	LOCATION (Street a. City or Town, State)	nd Numbe	or Or Rural F	loute Number,	
	4 Homicide detarmined												
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the pest of r	my knowledge, der	th occum	ed at the t	time, data	and place, end du	a to the	cause(s) and man	ner es etc	nted.		
ΞI	one) 2 MEDICAL EXAMINE	//	A.						deta and place, and			and menner as a	lateri
	20h CICHATURE AND THE P OF OFFICE	- 1//	11/										
H	29b. SIGNATURE AND TITLE OF CERTIFIER	1 DU .	1/				29c. LICENSE N	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)	
D44793								175					

OF DEATN (ITEM 27) (Type, Print)

Avenue

#olabird

Falsa Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS

M.D.

T'3 1995

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Ali Sanai,

31. DATE FILED (Month, Day,

21222

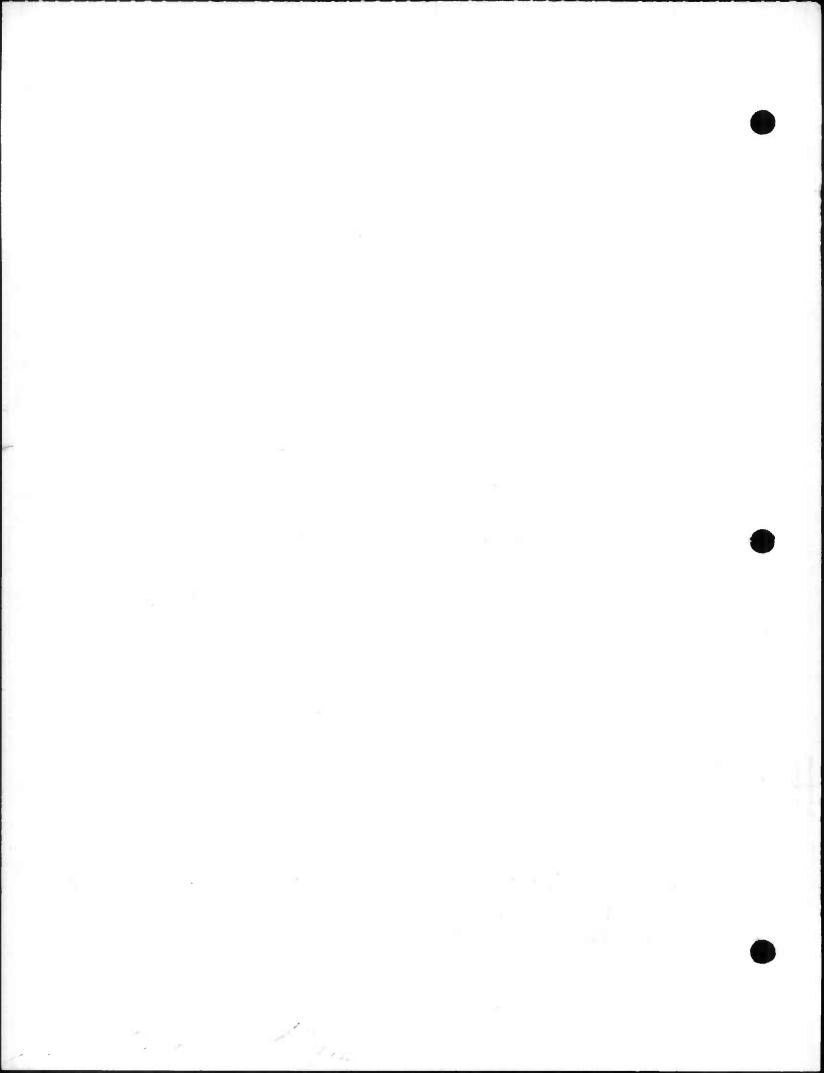
Baltimore, MD

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		Pages
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020	nours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BAL I IMURE, MARYLAND 21215-0020	tending	as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ă	10	돺	23
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	TO THE HOSPITAL OF ATTENDING PHISICIAN. The law majoring that the chath conflicate be executed with	TO THE FUNERAL DIFFERING: After the completely filled in by the amendmy physician and completely filled in by the	be filed within 72 hairs and common on State Dept. of Health and Mental Hydrone prior to burial, cremation, or removal.	IMPORTANT: If them 28 and marked for them 23 shows any injury, or other traumatic event, the medical ex
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	1 - FOR STATE OF MA		RTMENT OF HEALTH	AND MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH	DAY YEAR 3. TIME OF DEATH	L 4						
	4. SOCIAL SECURITY NUMBER 5. SEX 6 218-28-7869 1	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign	7						
-	9s. FACILITY NAME (If not institution, give street and number)	04	9b. CITY, TOWN OR LOCATE	3/2/1930 ON OF DEATH	MARYLAND 9c. COUNTY OF DEATH							
DIRECTOR	HARBOR HOSPITAL RESIDENCE OF DECEDENT 106, STATE 106, COUNTY	T	BALTIMORE TY, TOWN OR LOCATION									
	MARYLAND		V, TOWN OR LOCATION  LIMITS  LIMITS  LIMITS									
ERAL	3025 HOLLIN FERRY ROAD	10g. CITIZEN OF WHAT COUNTRY? USA										
BY FUNERAL	A IF YES GIVE WAS	YES 2 NO	13. WAS DECENDENT O	F HISPANIC ORIGIN? (Specify Yan, Maxican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.							
	3 Widowed 4 Diverced  15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BU	ARF. AMERICAN							
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  1 2	(Give kind of life. Do NOT u	work done during most of working se retired.)	g								
TO BE	190. INFORMANT'S NAME (Type/Print)  ERNEST YOUNG		AOORESS (Street and Number	or Rural Route Number, City or Tow	vn, State, Zip Code) MORE, MD. 21230	_						
ner De	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Name of	OATE 20c, LC	OCATION — City or Town, State	_						
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL ERVICE LICENS	GARRISON	22. NAME AND ADDRES	SS OF FACILITY	VINGS MILL, MD.	_						
al exam	Schryd M. Osly	2	1300 EUTAV	THERS FUNERAL  N PLACE, BALTI	MORE, MARYLAND 212	217						
menic	23. PART I. Enter the diseases, or complications the shock or heart failure. List only one cause immediate CAUSE (Final	on each line.	not entar tha moda of dyl	ng, such as cardiac or resp	Approximata interval Betwee Onset and De							
ille ille	disease or condition a. Auto	R AS A CONSEQUENCE O	dial Inf	ntion		_						
ON	Sequentially list conditions, b. Chibble	RAS A CONSEQUENCE O	V Factor	e,	111							
HTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Deplace of AS of COMPAGE OF	don't U	abete Hell	lities							
CERTI	that initiated eventa resulting in death) LAST	letson	.,,									
	PART ii. Other algnificant conditions contributing to de	ath but not resulting	in the undarlying cause of	Iven in Part I. 24s. WAS AN PERFO	RMED? AVAILABLE PRIOR TO							
MEDICAL				1 TYES :	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	L						
HYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAU	26. PLACE OF OEA		ERTAIN 🔲		_						
HYSIC	MOSPITAE:	R/Outpatient 3 DOA  JURY 28b, TIM	OTHER: 4 Nursing Home 5 Ra E OF 28c, INJURY AT	sidenca 8 Cher (Specify)  28d. DESCRIBE HOW	IN HISV OCCUPED							
1	1 Natural 5 Pending (Month, Day, 2 Accident Investigation	Year) INJ	M 1 YES 2	NO								
1	3 Suicide 6 Could not be 4 Homicide determined	NJURY — At home, farm, ( . (Specify)	street, fectory, office	261. LOCATION (Street City or Town, State)	and Number or Rural Route Number,							
COMPL	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my one)  2 MEDICAL EXAMINER: On the best of examiners on the basis of examiners.				nner es stated.  nd due to the ceuse(s) and menner as stated.							
BE C	206 SIGNADURE AND STILE OF CERTIFIER		29c. LICE	NSE NUMBER	29d. DATE SIGNED (Month/Day, Year)							
2	50. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE		Print)	Bact. 31220.	1/10/95							
	31. DATE FILED (Month Coy, Your)  1 AN 1 3 1995  JUNE 1 AV 10 10 10 10 10 10 10 10 10 10 10 10 10	S. Homore	ex >T B	My 3/220.		_						
	JAN T 0 1333 July manage											



			FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEI		
	- 1		1. DECEDENT'S NAME (First, Middle, Lest	M Yanhi				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATN
			4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
Should	20		220-10-0309  90. FACILITY NAME (If not institution, give	1,0 M 2 D F 76	O YRS.	MONTHS DAYS	HOURS MIN.		1918	MD Country)
6	າ	СТОВ	Washington Count			Hagers	OR LOCATION OF DI	EATN	Ulasi	Lengton Cauly
9		<u>E</u>	10e. STATE 10b. COUN		10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
Parmit Done		- DIRE		nington	Н	ancock				LIMITS? 1 X YES 2 NO
and and	E	FUNERAL	3 Center St.			10	M. ZIP CODE			OF WHAT COUNTRY?
UZO physician. burlal-transit		N N	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	21750 CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		S.A.  RACE — American Indian,
ing phy		BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 VE	S 2 NO DATES	If yee, s	pecify Cuben, Mexice 5 2 NO Specif	n, Puerto Ricen, etc.)		Black, White, etc. Specify:
S & S	3	8	15. OECEDENT'S EC		16a. OECEDENT'S	S USUAL OCCUPATI	ON	16b. KINO OF BU		White
al or att	3	ᇤ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u		ost of working			
AND he hospit	once.	COMPL	8		Mechani	С		Truck A		У
Y LA			17. FATHER'S NAME (First, Middle, Last) Edward L. Yonker				Carlotte and Carlotte	Mae (First, Middle, Malde) Mae Carne]		
retained by the		) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		Route Number, City or To		de)
ay be rett	2	5	Jean E. Yonker				Hancock			
		ļ	20e. METNOD OF OISPOSITION  X Burlel 2 Cremetlon 3 Rei 4 Donetion 5 Other (Specify)	moval from State	ob. PLACE AND DATE emetery, cremetery or of lney Pla	OF DISPOSITION (N		1/7/95 Lit	ocation - ch	
leath. Page 6 m			21. SIGNATURE OF FUNERAL SERVICE L		They I Id	22. NAME A	ND ADDRESS OF FA	CILITY	tie or	requs, no
death fune	ехатіпет		"Hier	(To			e Funera	I Home Hancock,	MD 2	1.750
urs after in by the	or removal.		23. PART i. Enter the diseases, or ahock, or heart fellure	complications that cause.	ed the deeth. Do	not enter the me	ode of dying, auc	h as cardiec or reas	piratory arrest	Approximata interval Batween
表 走	5 B		IMMEDIATE CAUSE (Final disease or condition		200					Onset and Death
ted within completely	event, the		resulting in death)	a. Curd	A CONSEQUENCE	eryt				3 minutes
executed and com	E 6	Z	Commentation that are adjusted to	a acuto	A CONSEQUENCE O	Faller				Charo
3 E	0 6	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
tificate be of physician	9 5	RTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	of felouse	depun			yen
the death certificate the attending physic	를 늘	III III	reaulting in deeth) LAST	d						
it the dead	nd Menta injury,	AL C	PART II. Other aignificant condition	one contributing to deeth	but not resulting	in the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS
C W D		20	[1] Isdemic and	injugatly (2) A	4001 (3)	) chronic	Rynphoms	PERFO	RMED? 2 ☑ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
law requires that as been signed	pt. of Health ar	MEDIC	(4) (500							1 TYES 2 NO
has	Dept n 23	SICIAN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE (		ES NO L		N 🗆 📗		
SICIAN: The	or item		EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗌 Residence	6 Other (Specify)		
PHYSICIAN:	aff the	F	27. MANNER OF DEATN  1. Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)			JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCUR	ED
	1	ď.	2 Accident Investigation	26e PLACE OF INJUR	IV — At home form		YES 2 NO	DOS LOCATION (Object		2 12 10 10
ATTENDING	all F	ETE	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	ecffy)	screet, ractory, orne		281. LOCATION (Street City or Town, State	end Number or I	Hurai Houte Number,
5 8	U	Z		SICIAN: To the best of my kno	wledge, death occurr	red at the time, date	end place, end due	to the cause(e) end ma	inner ee stated.	-
THE HOSPITAL	filed within 72 PORTANT: IN	COM	one) 2 MEDICAL EXAMIN	ER: On the besis of exeminati	on end/or investigation	on, in my opinion, o	death occured at the	time, date end place, e	nd due to the co	euse(e) end menner es stated.
뿔뿔	be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIC	ER			29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)
2 2	₩ M	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	a, Print)	0 970	04	1	5195
1	0		De Donne One	0	L HII AN	1.1	tom, no	21792		
1	U	III.	31. DATE FILED MORE 1995	32 REGISTRAR'S CO	DL VII					

(1) I were and wrong 11) (2) ADDA 13) W

3 18

MAR	
MORE,	
BALTIMORE	
s, P.O. BOX 68760	
BOX	
P.O.	
RDS,	
RECORDS	

DIVISION OF VITAL

JAN 1 3 1995

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrine prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. YLAND 21215-0020

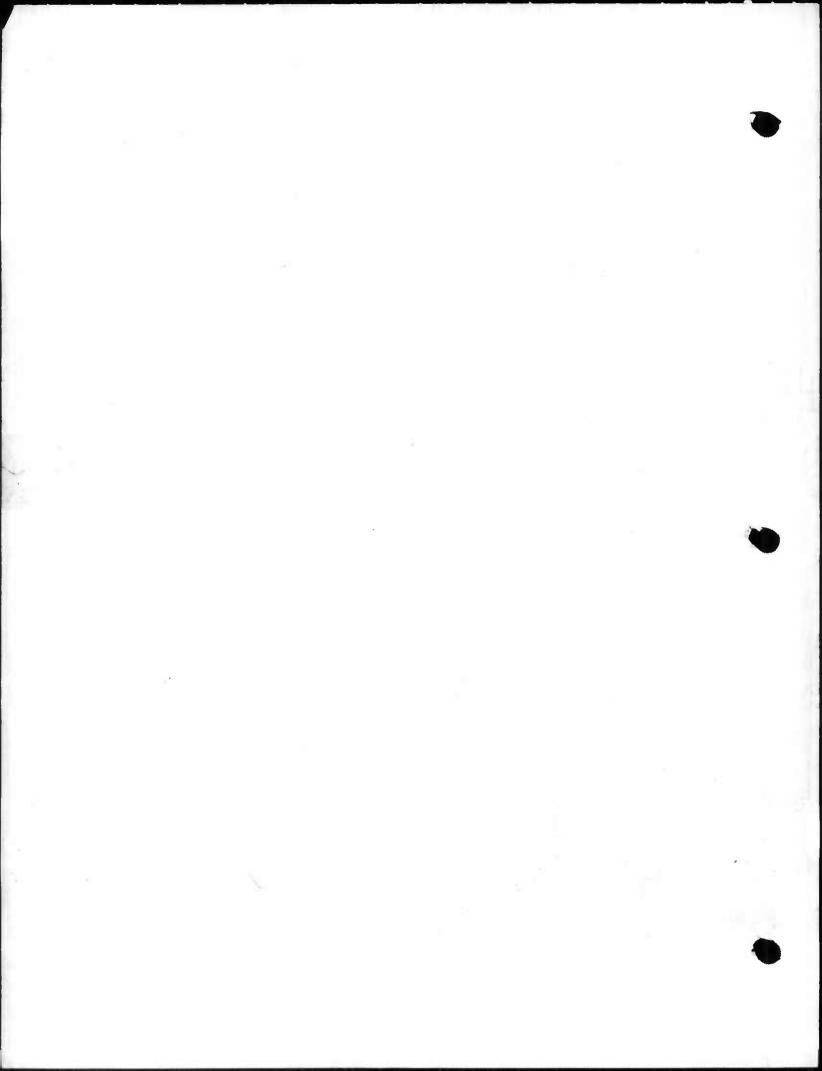
	CEDENT'S NAME (Firs	t, Middle, Last)	3 (3 737)			ICATE (	// DEA		REG. NO 2. DATE OF DEATH		3	. TIME OF DEATH
1-			MARY EL	IZABETH	ZENI	ER			Vanuary .	7	1995	3
	17-22-621		5. SEX 1 ☐ M 2.XXF	6. AGE (In yrs. lest	Manager Branch Manager Branch				?. DATE OF BIFITH (Month, Day, Year)	Country)	ACE (State or Foreign	
	CILITY NAME (If not i			00	THO.	9h CITY TO	VN OR LOCATI	ON OF DE	April13,1	1908   Maryland		
400	99 Montgo						cott C		Howard County			
439 RES 10a. 3 Mar	IDENCE OF DE	10b. COUNT	γ		100 CIT	Y, TOWN OR L	10d, INSIDE CITY					
Mar	yland		rd County	7	100. 011		cott C		LIMITS?			
	TREET AND NUMBER					7-1-11	101. ZIP COD		10g. CITIZEN OF WHAT COUNTRY?			
10e. S 439	9 Montgo	mery R					USA					
1.0.	ARITAL STATUS Never Married 2  Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARI YES 2 1 N AR OR DATES	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. RAMED  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—  16. Yes, apacity Cuban, Mexican, Puerto Rican, etc.)  17. Yes 2 DNO Specify:  Specify:							American Indian, White, atc.
Ele		CEDENT'S EDU ly highest grade 0-12)		(Gh	ve kind of Do NOT u	usual occur work done durin se retired.)	most of worki		166. KIND OF BUI	11.2.2.4		zet on
17. FAT	THER'S NAME (First, I								ME (First, Middle, Malden			23 (12)(1)
			as P. O'					lda		sacs		
198. 16	Maynard		nat are To						Route Number, City or Tow			
	METHOD OF DISPOSIT		incer, or					pad,	Ellicott (		MD 2 - City or Town	
1.1020	Burlel 2 Cremeti	on 3 🗆 Rem	noval from State	cametery, crer	matory or o	OF DISPOSITIO ther place)			1/11/94			
IMME	/ ahock, or h EDIATE CAUSE (Fi ase or condition	eart fallure.	List only one cau	t caused the decise on each line.	0535 eth. Do	E1	icott	Cit	1 Home, P. y, Marylan h as cardiac or resp	d 21	043 rrest,	Approximata Interval Between Onset and De
rasul	iting in death)	<b>→</b>		OR AS A CONSEC	DUENCE O	F):						1 DAY
If any	ventially list condi y, leading to immo e. Enter UNDERLY SE (Disesse or ini	diate	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
that i	initiated events iting in death) LAS		d.	(OR AS A CONSEC	OUENCE O	F):						
PART	II. Other algoritic		na contributing to						1 DEDECT	RMED?	AV CO	TERE AUTOPSY FINDIN WAILABLE PRIOR TO OMPLETION OF CAUS OF DEATH?  YES 2 NO
	AS CASE REFERRED 'XAMINER?	TO MEDICAL				2	S. PLACE OF D	EATH (Ch	eck only one)			
EV.	TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 KR	esidence	8 Other (Specify)			
11	Netural 5	Pending Investigation	28e. DATE OF (Month, D	ey. Year)		M 1	INJURY AT WORK?	□ NO	28d. DESCRIBE HOW			
27. MA			00. 04.40-	m not Hitty 80 hou	me ferm	street, factory.	orrica		28f. LOCATION (Street	and Mumbe	er or Rural Bou	
27. MA 1 22 C 3 C	7	Could not be determined	26s. PLACE O building,	etc. (Specify)					City or Town, State)	THO MONIO	3	nte Number,

ELLICOTT CITY, MD 21042

STATE OF THE PARTY

- Dis

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AN		YGIENE REG. NO.		
5		1. DECEDENT'S NAME (First, Middle, Lest) ROSE	MARIE	' AUGU:	ST	· · ·	2. DATE OF MONTH	DEATH DAY	L995	3. TIME OF DEATH
				67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	S. 7. DATE OF (Month, De	BIRTH ly, Year)		IPLACE (State or Foreign  Y) Manuland
3 should		8s. FACILITY NAME (If not institution, give stree		0,	9b. CITY, TOWN	OR LOCATION OF	Februa		COUNTY OF D	1100 ) = 011
1, 2, 3	TOR.	4607 Valley View A	ve.		Balti	more Ci	ty			
	DIRECTOR	10e. STATE 10b. COUNTY	-		TY, TOWH OR LOCA					10d. INSIDE CITY LIMITS?
permit. Pages		Maryland 100. STREET AND NUMBER		IB	altimore	CITY M. ZIP CODE		10g.	CITIZEN OF W	1 X YES 2 NO
.F.	FUNERAL	4607 Valley View				21206			U.S.	
	BY	t Never Married 2 Married 3 Widowed 4 Diverced	P. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If yes, s		PANIC ORIGIN? (S xican, Puerto Rica ecily:		Black	- American Indian, t, White, etc. by: White
=	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16e. DECEDENT'S	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIP	ID OF BUSINESS	S/INDUSTRY	
2 E N	4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal			(	Own Hom	ie	
HYLAND ed by the hospit uld be detached ed at once.	- 1	17. FATNER'S NAME (First, Middle, Last) Giacoma Fascia	na				NAME (First, Middle etta Ro	e, Malden Surnar	me)	
retained b	J 144 I	190. INFORMANT'S NAME (Type/Print)	110		ADDRESS (Street	and Number or Ru	ral Route Number, (	City or Town, State		
		Mrs. Linda Quick	La	1735	Boggs		Forest			21050
MORE  ge 6 may treettor, pag		1 🔼 Burlel 2 🗆 Cremetion 3 🗆 Remova 4 🗆 Donation 6 🗆 Other (Specify)	M Stale	ost ovy	"Redeeme	r Cem.	1/16/95	Balto	N — City or To	wn, State
BALLIMORE, after death. Page 6 may be where funeral director, page moval. cal examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICEN	1.//			ND ADDRESS OF	Bdl			land 21214
- B B	Н	23. PART I. Enter the diseases, or gon	polications that cause	ed the death. Do						ford Rd.
within bour npletely filled is cremation, or		ahock, or heert failure. Lia iMMEDIATE CAUSE (Final disease or condition resulting in daath) a	M X	aach line.	DIAL					Approximate Interval Batween Onset and Death
UN 687.	ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):					
th certificate anding physical Hygiene por other 1	ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
	CAL CE	PART ii. Other algoliticent conditions of	ontributing to death	but not reculting	in the underlyin	g cause given	in Part I. 24	. WAS AN AUTOF		WERE AUTOPSY FINDINGS
w requires that the been signed by pt. of Health and 3 shows any lin	MEDIC	HYPERI HYVERA	ENSIDA	ia			1	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N 68 a		DID TOBACCO USE CONTRIB	UTE TO CAUSE				AIN 🗹			
4 8 8 6	SICIAN	EXAMINER?	OSPITAL:	26. PLACE OF DEA	OTHER: 4   Nursing Hon	-/	ce 6 🗆 Other (Sp	ecify)		
ATENDING PHYSICIAN: SCIDE After this certificals at the death with the St.	BY PHY	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY WO	JURY AT DRK? YES 2 NO		YRULNI WON 38	OCCURED	
	ETED	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, ecify)	street, factory, offic		281. LOCATIO City or To	N (Street and Nui wn, State)	mber or Rural R	oute Number,
MENTAL OF	100	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL ONE) 2 MEDICAL EXAMINER: (	N: To the best of my kno							and manner as stated.
H F S	A.	296. SIGNATURE AND TITLE OF CERTIFIER		) us	7	29c. LICENSE	NUMBER	29d.	DATE SIGNED	(Month, Day, Year)
5 5 3 <b>2</b>	일	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)	001			17 7	
3		Cesar G. Gamboa.  31. DATE FILED (Month, Day, Year)		40 Belair	Rd.					
		JAN 1 7 1995 Jul	32. REGISTRAR'S	rdall						



1995

Sc. COUNTY OF DEATH

USA

BALTIMORE

2. DATE OF DEATH

7. DATE OF BIRTH

JANUARY 14

1 X 2 7 YRS. March 5 1910 Dr. FACILITY NAME (If not institution, give street and number) DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON tide, STATE 10s. CITY, TOWN OR LOCATION Baltimore Lutherville Maryland permit 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 11615 Greenspring Ave. 21093 the burist-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Ricen, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TES 2 X NO Specify 3 Widowed 4 Divorced ij COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give Aind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTIN 900 (Specify only highe College (1-4 or 5 +) à Elementary/Secondary (0-12) Parts Clerk detached 10 Tool Manufacturing once. 17. FATHER'S NAME (First, Mickle, Last) 18. MOTHER'S NAME (First, Mickille, Maider Surname) Louis Roland Andrew Mary Elizabeth Schmidt 2 Ħ BE director, page 5 should notified 19s. RECRMANT'S NAME (Type/Print) 2 Louis W. Andrew, Jr. 11615 Greenspring Ave., Lutherville, MD 21093 2 29a. METHOD OF DISPOSITION
1 □ Burlel 2 □ XCremation 3 □ flar 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION - City or Town, State DATE must 4 Donation S C Other (Specify) Metro Crematory 1/17/95 Catonsville, MD 21229 21. SIGNATURE OF FURENAL SERVICE LICENSEE eximiner 22. NAME AND ADDRESS OF FACILITY Lowell M. Lemmon essuor Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD 21093 2 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heert fallure. List only one cause on each line. 0 IMMEDIATE CAUSE (Finel the disease or condition resulting in deeth) completely traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, bural, CERTIFICATION and o Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST injury, PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY signed by the Health and A shows any has been a Dept. of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I OTHER: 1 YES NO Inpatient 2 - ER/Outpetient 3 - OOA ng Home 5 - Reeldence 8 - Other (Specify) = 2 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28h TIME OF 28c. INJURY AT WORK? Natural Accident INJURY 1 YES 2 NO investigation 26a. PLACE OF INJURY — At home, farm, atreet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide FUNERAL DIFF within 72 from STANT; # Item 告 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. HOSPITAL MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT, II BE 2 Chart. UL MD Bow Wilmorsty May

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

FOR STATE REGISTRAR

LOUIS

4. SOCIAL SECURITY NUMBER

216-12-8192

1. DECEDENT'S NAME (First, Affoldin, Last)

WILSON

ANDREW

S. AGE (In yes, last bettiday)

84

5. SEX

3. TIME OF DEATH

1 VES 2 KNO

Approximate

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

29d. DATE SIGNED (Morth, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Between

et and Death

PIACE — American Indian, Black, White, etc.

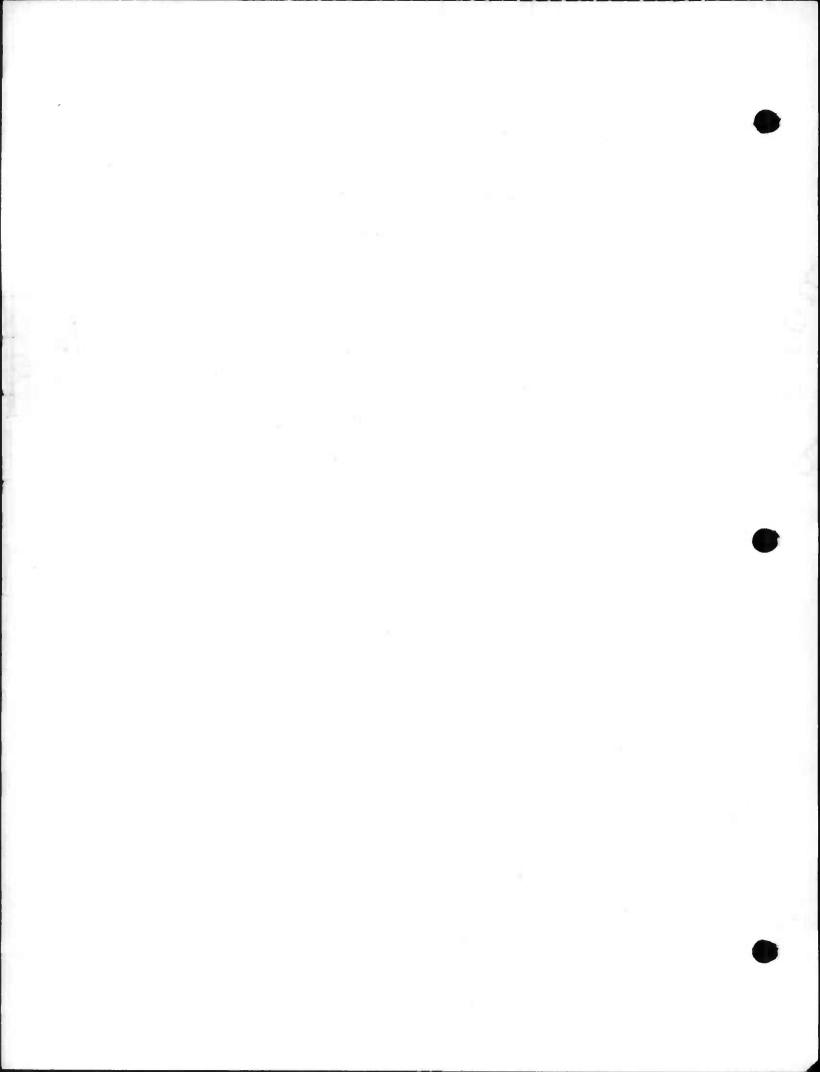
sow White

3:15

B. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?



020	physici	burial
BALTIMORE, MARYLAND 21215-0020	he death certificate be executed with thours after death. Page 6 may be retained by the hospital or attending physicis	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
21	ital or	Tot p
N	hosp	tache
7	#	op a
$\geq$	5	D D
MAR	retained	Shouk
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Ä	3	pa
0	6 77	10,
×	Page	direc
ALT	death.	funera
8	after	by the
	Nours	the attending physician and completely filled in by the
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60	with	nplete
OS, P.O. BOX 68760	ocuted	nd cor
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57	9	the

OF VITAL RECORDS. P.O. BOX 68760

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

After 1

TO THE HOUSERAL DE IMPORTANT: If It

Pages 1, 2, 3 should permit. al-transit cian. to notified og must examiner medical the event, traumatic other 10 In luny, signed by t Health and amy has been s 23 ENDING PHYSICIAN: The this certificate h 0 marked,

Item # 1 Film # G 719 1-17-95 N.A. Per funeral Home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DEGEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR WOCR 6 09# W 95 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 213 09 7301 1 X M 2 F DAYS HOURS 84 YOS Unknown Germany 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4443 Norfen Road 21227 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 X NO Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver Beer Company 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Louis Atzinger Anna Moser BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph Lang 3739 Oak Falls Way Baltimore, Maryland 21236 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 XBurtal 2 Cremation 3 Removal from State Cedar Hill Cemetery 4 Donation 6 Other (Specify) 1/16 Baltimore, Maryland GNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, op sations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. shock, or heart failure. East only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in death) CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury

that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

> COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO

> > 29d. DATE SIGNED (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO

24a. WAS AN AUTOPSY PERFORMED?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural м 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EAST-LAND SETTING

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, and not after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

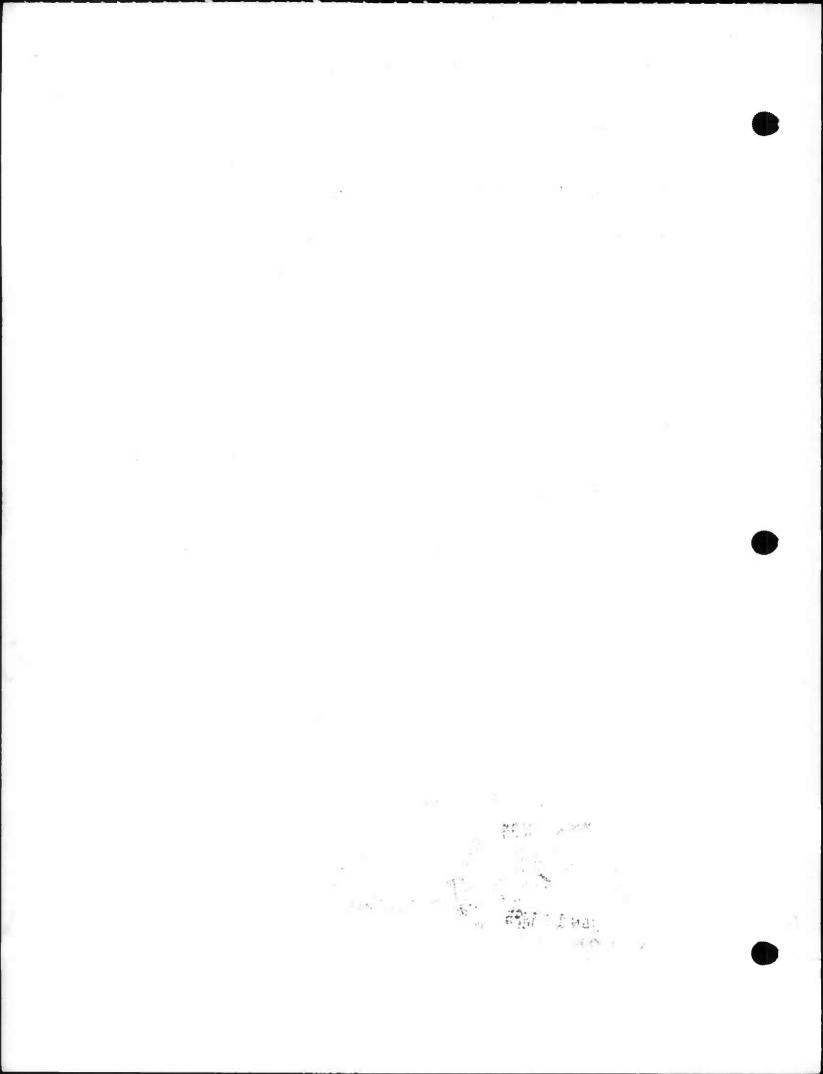
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF N				T OF H E OF			MENTA	REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)				.07.1		DEA	-	2. DATE	OF OEATH		T	3. TIME OF DEATH
ELVA N	Nutt	AMEL	ТΛ						MONTI	d DAY		YEAR	8:15 P M
4. SOCIAL SECURITY NUM		. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	R I YEAR	IF UNDER	24 HRS.	7. DATE	ARY 12	19		LACE (State or Foreign
212-20-530	)7 1	□ M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Sent	7, 19	10	Country)	
9a, FACILITY NAME (If not in		t and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF OR		7, 1)		NTY OF DE	
GREATER BAL	TIMORE I	MEDICAL	CENTER		т	OWSON						LTIMO	1
RESIDENCE OF DE	CEDENT					JIIDOI					DA	LITI	JKE
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
Maryland	Balt	imore		(	locke	eysvi	.11e						1 TES 2 X NO
10e. STREET AND NUMBER						10f.	ZIP CODE	E			10g. CIT	ZEN OF WI	IAT COUNTRY?
10704 Cardi							210	30				USA	
11. MARITAL STATUS  1 Never Married 2 X		FORCES? 1	EVER IN U.S.AF	NO	13.				IIC ORIGIN	(Specify Year	or No—	14. RACE - Black.	- American Indian, White, atc.
3 Widowed 4 Olyc		IF YES, GIVE W				1 TYES				ween, steel		Specify	:
16 DEC	EDENT'S EDUCATI	IOM		OFDENITIO			**		1				White
(Specify on	ly highest grade con	npleted)	(G		work done	during mos		g	166.	KIND OF BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5+	)	Home	_					0	- II -		
17. FATHER'S NAME (First, M	fiddle, Last)			поше	шак	ET.	18 MOTE	IED'S NAI	ME /Einst A	Aiddle, Maiden S	n Ho	me	
Mahlon	Jason	n i	Nutt			ı		da	MIE (FRSI, N		_		
19s, INFORMANT'S NAME (				b. MAILING	AOORES	S (Street at			Boute Numb	Du. Der, City or Town,	State 710		
Susan A. Be	ares									ockeys			21030
20a. METHOO OF DISPOSIT		I from State	20b. PLACE	ANDDATE	OF DISPO	SITION (Ner			<b>Y</b> 3	-		City or Tow	
4 Donation 5 Other	(Specify)		Metro		mato	ory			Jan	Cat	onsv	ille,	MD
21. SIGNATURE OF FUNERA	L SERVICE LIQUE	SEED	11			. NAME AN Lemmo							
Bryan	. Clary		7							me d, Tim	oniu	m. MI	21093
23. PART i. Enter the d	iseesea, or com	pilicetions the	caused the de	eath. Do r									Approximata
IMMEDIATE CAUSE Fin	eart fallure. Liet												interval Batween Onset and Death
disease or condition resulting in death)	<b>→</b> .	$\subset \alpha$	VOES	TILL		H	-010	RT	F	AILUK	25		13 4R
resoluting in death)		DUE TO	OR AS A CONSE	QUENCE O	F):								0 1.1
Consequents the theory of the	b												
Sequentially list condit if any, leading to imme	diate	DUE TO	OR AS A CONSE	OUENCE O	F):								
cause. Enter UNDERLY CAUSE (Disease or inju													
thet initieted events resulting in death) LAS	т.	OUE TO	DR AS A CONSE	DUENCE O	F):								
	d												
PART ii. Other algnifice	ent conditione c	ontributing to	death but not i	esulting	in the u	nderiying	cause g	iven in	Part i.	24a. WAS AN A			VERE AUTOPSY FINDINGS
										PERFORM			WAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 169 2	9		OF DEATH?
DID TOBACCO U	ISE CONTRIB	UTE TO CA	JSE OF DEA	TH YE	sΠ	ZÎ ON	- UNC	FRTAIN					120 2 1 110
25. WAS CASE REFERRED T				E OF DEAT			0.10						
EXAMINER?		OSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4   Nu	R: rsing Home	5 🗆 Ra	sidence	8 Other	(Specify)			
27. MANNER OF OEATH		26a. DATE OF (Month, De		28b. TIM	E OF	26c. INJU	JRY AT			CRIBE HOW IN	JURY OC	CURED	
	Pending Investigation	(interior, pe	y, rearj	l les	URY M	1 TY	ES 2	NO					
2 Sideld	Could not be	28a. PLACE OF	INJURY — At he	me, farm, a	streat, fac	tory, office			261. LOCA	ATION (Street an	d Number	or Rural Ro	ute Number,
4 Homicide	datarmined		ita (opoony)						City (	y lown, State)			
29a. CERTIFIER (Check only	TIFYING PHYSICIAN	N: To the beat of	ny knowledge, da	ath occurr	d at the	time, data a	and place,	and dua	to the cau	ee(a) and mann	er se atet	ed.	
0.001													and manner as stated.
296. MINATURE AND TITLE	ор сентичен						29c. LICE	NSE NUM	IBER		29d, OAT	E SIGNED (	Month, Day, Year)
11 / sem	John	MP					03	233	319		<b> </b>   :	3 54	n 95
30. NAME AND ADDRESS OF	RUSE .	OMPLETEO CAUS	of OEATH (ITE	M 27) (Type,	Print)	CH	ARL	(22)	B	ALTO N	1/3	212	12
31. OATE FILED (Month, Day,	1100		or had a	!	. •	- 1)0	., (-(	-	')		.,0	4.0	40
JAN 17 19	33 0	THE STREET	my a de Critical										





BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	NEAR PROTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bun'al-transit permit. Pages 1, 2, 3 should strength with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IERAL MECTOR: After this certificate has been signed by the attending physician and completely filled in by the
	-18	學·養

-	1 - FOR STATE REGISTRAR	STATE OF MARYL		PARTMENT (			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY	WEAR	3. TIME OF DEATH
	ALBERT	ABE	LL				ton 1		YEAR Y	613 A M
	4. SOCIAL SECURITY NUMBER		(in yrs. last birtho	MONTHS C	EAR	IF UNDER 24 HRS. HOURS MIN.	MATE OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
	216-20-9049		81 YR	S.			MAR. 29,	913		.C.
<u>م</u>	9a. FACILITY NAME (If not institution, give str 7 STONEHENGE CIRC					R LOCATION OF DE	EATH		ITY OF D	
16	RESIDENCE OF DECEDENT	CDE/AFI.#O		- 1	BAL	TIMORE		B	ALTI	MORE
DIRECTOR	10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR					T	10d. INSIDE CITY
		IMORE		BALTI	MOR	E				1 TES 2 NO
RAL	7 CONNECTION OF CITE	OFE ADOL SO			101.	ZIP COOE		10g. CITI		HAT COUNTRY?
FUNERAL	7 STONEHENGE CIRC	12. WAS DECEDENT EVER II	1110 101150			21208				.S.A.
	1 Never Merried 2 Married	FORCES? 1 YES	2 PNO	If y	08, spe	city Cuben, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No—	Black	— American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR D.	AI ES	''	TES	2 NO Specify	y:		Specif	WHITE
	15. DECEOENT'S EDUC (Specify only highest grade of		(Give kind	IT'S USUAL OCCL	PATIO	N st of working	16b. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)						
once.	17. FATHER'S NAME (First, Middle, Lest)		PRO	PRIETOF				OLIOR		
-	JULIUS	ABELL					ME (First, Middle, Maiden		rmora	7
BE	19a. INFORMANT'S NAME (Type/Print)	20000	19b. MAII	ING ADDRESS (S	treet ar	CHAN	INA Route Number, City or Tow	RODNI		2
TO BE	MRS. EVELYN ABELI						APT.#8,BA			21208
2	20a. METHOD OF DISPOSITION	206	PLACE AND DA	TE OF DISPOSITIO	ON /Ne	me of	DATE 20c 10	CATION - C		
Ē	4 Donation 5 Delig (Specify)	X	RLINGTO	or other place) N(CHIZU	JK Z	AMUNO CO	NG. 01/15/	95 E	BALTO	O.,MD.
examiner must	21. SIGNATURE OF FUNERAL SERVICE LICE	deses.		22. NA	ME AN	LEV TNSON	& BROS.,I	NC.		
	Mall	1 pm	an	60	10	REISTER	STOWN RD.,	BALTO	).,MI	21215
medical	23. PART I. Enter the diseases or a shock, or haert failure. L	inplications that ceused	d the deeth. [	o not enter the	e mod	de of dying, auc	h aa cardiac or resp	ratory arre	eat,	Approximata
	IMMEDIATE CAUSE (Final	1								Intarval Between Onset and Daath
event, the	disease or condition resulting in deeth)	Schemic	Care	lionyo	00	they				Monun
		Schenic DUE TO (OR AS A Valundar	CONSEQUENC	E OF):		1				Yours.
or other traumatic	Sequentially list conditions,									Yours
TAT	If any, leeding to immediate cause. Enter UNDERLYING	Consessor	ir Hos	1. t. Fa.	1					Year
F	thet initieted events	DUE TO (OR AS A	CONSEQUENC	E OF):						A 2
E E	resulting in death) LAST	Atrial :	Frb/11	whon						iears
IL CE	PART ii. Other aignificant conditions	contributing to death b	ut not resulti	ng in the unde	rlylng	cause given in	Part i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
: MEDICA						10	PERFOR	11		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED							1 TYES 2	VINO.		OF DEATH?
AN: 1	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH	YES NO		UNCERTAIN	VIV			A TO THE REAL PROPERTY.
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF	OTHER:	one)		N.			
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	petient 3 🗆 DO	A 4 Nursing			8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b.	INJURY	WOF		28d. DESCRIBE HOW I	NJURY OCC	URED	
B	2 Accident Investigation	28e. PLACE OF INJURY	At home for		Y	ES 2 NO	201 1 20171011 10			
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	cify)	m, atraet, rectory,	OTTICE		281. LOCATION (Street of City or Town, State)	ind Number (	or Rural A	oute Number,
۳	29a. CERTIFIER	NAME TO ME A CONTROL OF THE CONTROL			-				_	
1	anal .	IAN: To the beat of my know to On the beals of examination								and manner as eleted
BOM	255. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM				
H	Cure huskell.	Caff	24	2		222	1	DATE	SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27)	Type, Print)		ے رز ک	- 1 - 4		11	3145
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN.			-					
	JAN 1 7 1995 A	whi devolver Ro	irdall							

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III III TO PROJECTAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital is	To the me certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	tate	ed is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
AN	iffe	S	-
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<b>m</b> ,	E.	舞	製

	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEA	ATH
	ANNA ADAM	SKI				Jan.	14	1995	9:30	a. M
	4. SOCIAL SECURITY NUMBER 5. SE		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	Year)	Count	PLACE (State or I	Foreign
	218-22-5538 1 D  9a. FACILITY NAME (If not institution, give street and		35 YRS.			Jan.	23,190			
æ		riumoer)			PR LOCATION OF D	EATN	9c. C	OUNTY OF O	EATN	
5	Keswick Home			Bal	timore					
DIRECTOR	Maryland Baltimo	10.0		r, TOWN OR LOCAT	ION				10d. INSIDE CIT	Y
	10e. STREET AND NUMBER	re	1 10	owson	ZIP CODE				1 TES 2X	NO
FUNERAL	1639 Cottage La.			101	21286		10g. C	U.S.	VHAT COUNTRY?	
Š	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Sp	ecify Yes or No-		— American Ind	llen.
BYF	1 Never Married 2 Married IF	PRCES? 1 YES YES, GIVE WAR OR DA	2 XNO	If yes, sp	city Cuban, Mexic 2 X NO Speci	an, Puarto Rican,	etc.)		r, White, etc.	
ا ۵	15. OECEDENT'S EDUCATION								White	
	(Specify only highest grade complete	(bd)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo	N st of working	16b. KINE	OF BUSINESS/	INDUSTRY		
COMPLET	Elementary/Secondary (0-12) Colle	90 (1-4 or 5+) 5+	Artis				State o	f Mar	vland	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N				y Land	
BE	Michael Radzisze	wski			Adam	ina Sro	oczensk	i		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					
_	Elzbieta Scheid				e La. Be					
	1 Burial 2 Cremation 3 Ramoval fro		PLACE AND DATE Of tery, cremetopy or of the MOUI			1	20c. LOCATION			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 61	Leen Mou	22 NAME AN	D ADDRESS OF E	1/17/95   Veiuty	Balti	more,	Ma.	
	· Robert m	1. Krie	the _	Mitc	hell-Wie 500 York	defeld				
	23. PART I. Enter the diseases, or compile shock, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ordera DUE TO (OR AS A C	ch line.			ch as cerdiac (	er reapiratory	arrest,	Approxin Interval E Onset an	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF	):	Ack					
MEDICAL	PART II. Other algnificent conditions cont	ributing to deeth bu	t not resulting l	n the underlying	ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
	DID TOBACCO USE CONTRIBUT	E TO CAUSE OF	DEATH YE	S NO	UNCERTAI	N 🗆				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	6. PLACE OF DEAT	H (Check only one) OTHER:						
PH TSICIAN:	1 TYES 2 TO 1 I I I	patient 2 ER/Oulpe		4 Nursing Hom	5 M Residence	8 Other (Spe	city)			
	27. MANNED OF DEATH 2  1 Natural 5 Pending	Ba. OATE OF INJURY (Month, Day, Year)	28b, TIME	JRY WO	JRY AT RK7 ES 2 NO	28d. OEŞCRIBI	HOW INJURY O	OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be	e. PLACE OF INJURY -	- At home, farm, st			281 LOCATION	(Street and Numi	her or Rumi D	nutte Mumber	
9	4 Homicide determined	building, etc. (Specifi	v)	, , , , , , , , , , , , , , , , , , , ,		City or Tow	n, State)	DOT OF FIGURET IS	oute remose,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the Control of the Control									
	286. SIGNATURE AND BITLE OF CENTURER	77		T						
	Thele ( )	/ ham			DIZ	957	296. D	1/16/	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMP							1.00	-	
	Philip H. Moore MI	5601 Lo	ch Raven	Blvd. B	altimore	.Marvla	and			
	JAN 1 1995 Juli de	PEGISTRAPIS SIGNAT	TURE							

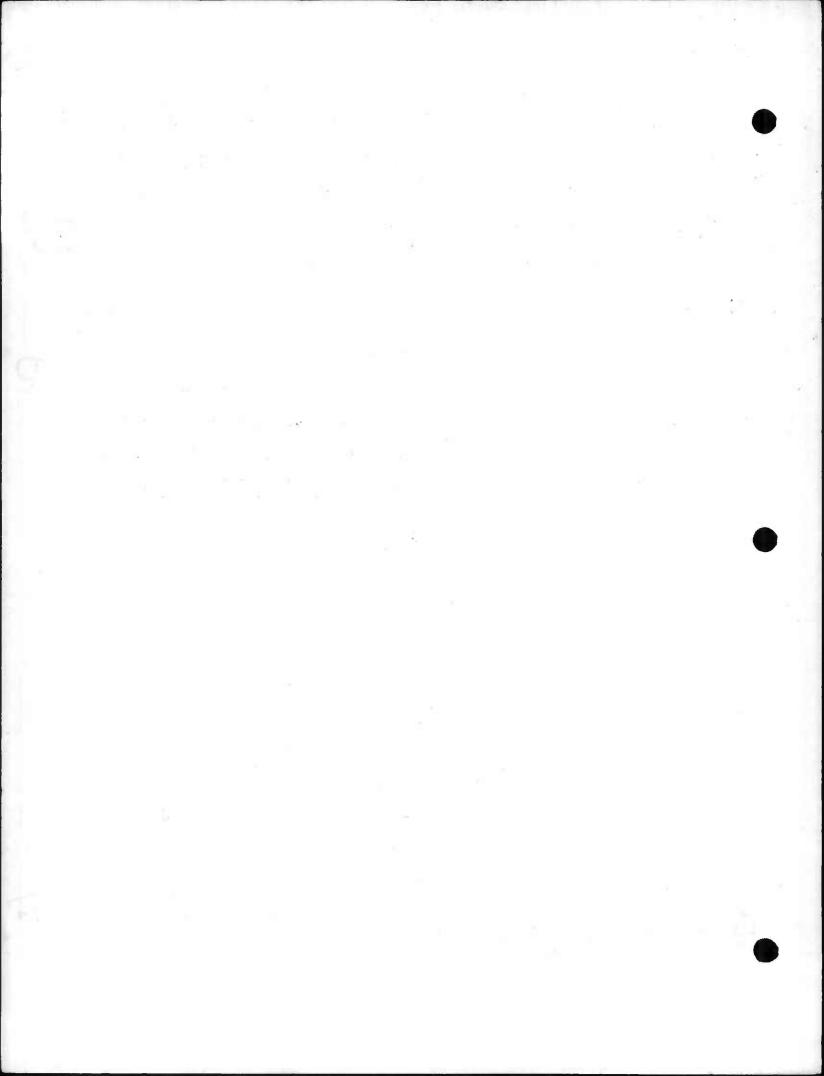
OR NTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

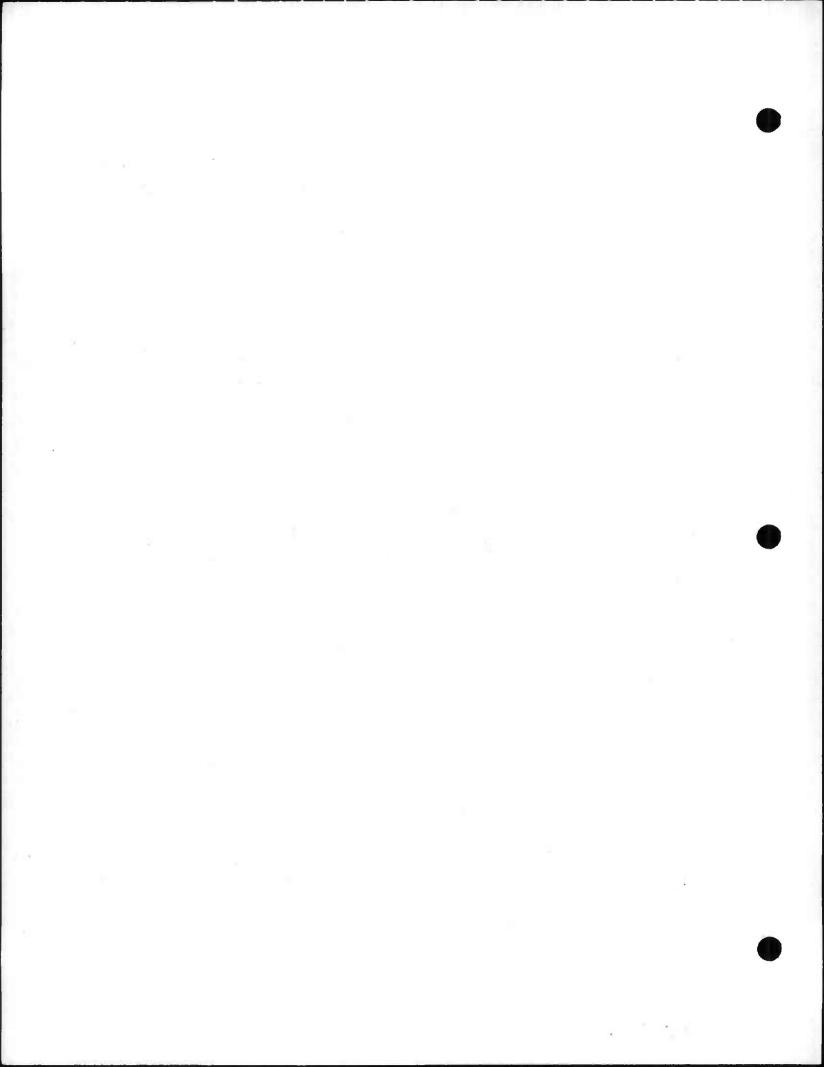
FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,						2. DATE OF DEATH 3				3. TIME OF DEATH				
	JOHN MEI	VIN B	[ERMAN						C	Din	1224	1/3	1994	123 PM	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthda	y) IF	UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF	BIRTH /		8. BIRTHP	PLACE (State or Foreign	
	213-05-4982	2	1 🔀 M 2 🗌 F	81	YRS	. MON	ITHS DAY	8 HOURS	MIN.	12-7-			Country, Mar	yland	
_	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b.	CITY, TOW	N OR LOCAT	TON OF DE			9c. COU	NTY OF DE	4	
DIRECTOR	6619 Loch	Hill	Rd.				Bal	timor	e.			Bal	timor	e	
5	RESIDENCE OF DEC	EDENT										CIMOI			
	Maryland	10b. COUNTY	timore			10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Dal	LIMOIE										1 TYES 2 NO		
Y	6619 Loch	*** 7 7 7	D 3					10f. ZIP COI					CITIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	HIII	12. WAS DECEDEN	T 51/50 m				212					S.A.		
7	1 Never Married 2 🗵	Married	FORCES? 1	YES	2 X NO		If yes,	specify Cub	en, Mexica	ilC ORIGIN? (		or No-	14. RACE Black,	American Indian, White, atc.	
Ŕ	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DAT	ES		1 🗆 1	ES 2 X NO	Specify	<b>/</b> :			Specify	hite	
3	15. DECI	EDENT'S EDU	CATION		16a. DECEDENT	DENT'S USUAL OCCUPATION 16b. KIND OF BUSINE					INESS/INI		inice		
ELE	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	use ret	done during fred.)	most of work	ing						
			yrs		O	wne	r			Di	ttmai	r Lui	mber		
COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MO	THER'S NA	ME (First, Mide	die, Maiden S	Surname)			
RE	Walter		Bierma	ın				An	na	Dit	tmar				
	19a, INFORMANT'S NAME (7)									Route Number,					
-	Charlotte E		man		6619	Lo	ch Hi	ll Rd	. Ba	ltimor	e, Mo	a. 2	1239		
	20a. METHOD OF DISPOSITI 1   ■ Buriel 2   □ Crematio	n 3 🗆 Reme	oval from State		PLACE AND DATE OF LACE			(Neme of		DATE			City or Tow	1000	
	4 Donation 5 Other  21. SIGNATURE OF FUNERAL		ENCEE	וע	uraney	va.				1-16	Timo	oniui	m, Md	•	
	an diotardized Foliation	- Indianae Circ	// //					k Tow		dun Funera	1 Hor	me.	Inc		
	23. PART I. Enter the di		1	14			105	0 Yor	k Rd	. Tows	on, M	Md.	21204		
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition from the course. Enter UNDERLY! CAUSE (Disease or Injurithat Initiated events resulting in death) LAST	ons, diata	DUE TO		CONSEQUENCE		1. T.	Wo	econ	rd 7.	(2)			Onset and Death	
- 11	PART ii. Other algnifica	nt co <del>ndition</del>	s contributing to	death bu	t not reaultin	g in th	a underly	ing cause	givan in	Part i. 24	a. WAS AN		24b. \	WERE AUTOPSY FINDINGS	
N: MEDICAL		P	0-0	Cx	les	- /		RE			PERFORI	MED? AVAILABLE PRIOR TO			
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			1 ~~	28 HER:	PLACE OF	DEATH (Ch	ck only one)					
2	1 TES 2 NO		1 Inpetient 2		lent 3 DOA			lome 5 🗆 🖪	legidence	8 - Other (S	pecify)				
בובט פז אחז	2 Accident	Pending nvestigation Could not be determined		or, Year)  95  FINJURY - stc. (Specify	At home, ferr	07	1 [, fectory, o			661	ON (Street as own, State)	nd Number	or Rural Ro	s and	
Comme			CIAN: To the best of R: On the besis of a											end menner as stated,	
7 000	29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	Peri	O COMPLETED CAU	) @	nsc	el	We,	29c, LIC	ENSE NUM	18ER 938	3	29d. DAT	E SIGNITO (	Month, Day, Year)	
	31. DATE HILP (MOTIN) DOWN	F (3)	22000	SE OF DEAT	1/101	pe, Prini	48	Pl. ir	per	Hoce	er!	30,	Hon	12/2/C	



	REGISTRAR				CERTIF	FICATE		DEA	ГН		REG. NO.			
	1. DECEDENT'S NAME (Fin	307111111111111111111111111111111111111	н.	BEA		JR.				MONT	OF DEATH DA		YEAR 995	. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yr 42	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH 1.5, 19	252	BIRTNPL Country)	ACE (State or Foreign
	218-58-604]			172	1110.	9b. CITY.	TOWN (	OR LOCATI	ON OF DE	_	1.5, 1		Mary]	
OR	639 Dumbart	ton Ave						more				N/A		in .
DIRECTOR	RESIDENCE OF DE	10b. COUNTY	Y		18e. CI	TY, TOWN O	R LOCAT	TION						AL IMPIDE PIEM
E	MD	N/				Balti								DI. INSIDE CITY LIMITS?  YES 2   NO
	10e. STREET AND NUMBER					Jarci		. ZIP COD				10g. CITIZ		AT COUNTRY?
FUNERAL	639 Dumbart	on Ave						212					S.A.	
BY FU	11. MARITAL STATUS  1 Never Married 2 3 Dividowed 4 Divi		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE V	IT EVER IN U.S VES 2 WAR OR DATES	S. ARMED	1	yes, sp	ecify Cuba	n, Mexicer	, Puerlo I	t? (Specify Yea Rican, etc.)	or No-	Black, \ Specify:	American Indian, White, etc.
GD.	15, DE	CEDENT'S EDU	CATION	164	. DECEDENT	S USUAL OC	CUPATIO	ON		16b	. KIND OF BUS	INESS/INDU		DIGCK
COMPLET	Elementary/Secondary (	(0-12)	College (1-4 or 5		(Give kind of life. Do NOT Orrect				9	MI	D Corre	ectio	nal 1	institute
BE CO	17. FATHER'S NAME (First, Melvin Bea	an, Sr.									Middle, Meiden : Deloat			
2	19a. INFORMANT'S NAME ( Frances Bea										ber, City or Town			
	20e, METNOD OF DISPOSIT	TION		20b. PL	ACEAND DATE				iue/i	DATE:	imore,	PATION — C		Plate
	1 🖾 Furial 2 🗆 Cremati 4 🗆 Donation 5 🗆 Othe	on 3 🗆 Rame or (Specify)	Pamovel from State   Complete Complete Complete CEMETERY 1-19   BALTIMORE, N											
	21. SIGNATURE OF FUNERA	IL SEMICELIO	CENSEE	Kil	Zeno.	22. Ma	rch	Fune	ral	Home	es East		· M	D 21202
RTIFICATION	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	tiona, ediata	c	(DR AS A COM	NSEDUENCE D	IF):	Na	s te	emi	nay	lly in	// .		Interval Between Onset and Death
S			d											
CAL	PART II. Other significa	ant condition		t not resulting in tha underlying cause given in Pa					PERFORMED?			CC OI	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO	
N: MEDICA	DID TOBACCO U	JSE CONTI												
	DID TOBACCO U 25. WAS CASE REFERRED T EXAMINER?	-			PLACE DF DE	TH (Check o	nly one)	1 0140	ERTAIN					
	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	-	HOSPITAL:	26. F	PLACE DF DEA	OTHER 4 - Nurs	nly one) : ing Home	e 5 □ Re	sidence (	3 C Other				
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5	TO MEDICAL Pending	HOSPITAL:	26. F  ER/Outpatier INJURY	PLACE DF DEA	OTHER 4 - Nurs	nly one) : ing Home 28c. INJI WO	e 5 Re	sidence (	3 C Other	r (Specify) SCRIBE HOW IN	JURY OCCU	REO	
ED BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident	TO MEDICAL	HOSPITAL: 1 Inpetient 2 28a. DATE DF (Month, D) 28a. PLACE O	26. F  ER/Outpatier INJURY	PLACE DF DEA	OTHER 4   Nurs	ing Home 28c. INJI WOI	e 5 Re URY AT RK?	eldence 8	281. LOC				e Number,
ED BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANUSER OF DEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be determined	HOSPITAL: 1 Inpettent 2 28a. DATE (Month, D) 28a. PLACE O building,	28. F  ER/Outpatier INJURY ey, Year)  F INJURY — A atc. (Specify)  my knowledge	PLACE DF DEA  1 3 DOA  28b. Till IN  At home, farm,	TH (Check of THER)  OTHER  4   Nurse  RE OF JURY  M  attreet, factor	nly one) ; lng Home 28c. INJI WO 1  Y ry, office	e 5 Re URY AT RK? (ES 2 a and piece,	ND and due t	28d. OES 28t. LOCI	ATIDN (Street at or Town, State)	nd Number o	Rural Roul	e Number,  ind manner sa stated.
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANUSER OF DEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be determined TIFYING PNYSIC	HOSPITAL: 1 Inpetient 2 28a. DATE DF (Month, D 28a. PLACE O building,  CIAN: To the best of a:	28. F  ER/Outpatier INJURY ey, Year)  F INJURY — A atc. (Specify)  my knowledge	PLACE DF DEA  1 3 DOA  28b. Till IN  At home, farm,	TH (Check of THER)  OTHER  4   Nurse  RE OF JURY  M  attreet, factor	nly one) ; lng Home 28c. INJI WO 1  Y ry, office	e 5 Re URY AT RK? (ES 2 Let and place, eath occur	ND and due t	28d. OES 28t. LOC: City of the cau	ATIDN (Street at or Town, State)	nd Number o	Rural Roul	
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO  27. MANUFER OF DEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 8  29a. CERTIFIER (Check only one) 2 MED  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined TIFYING PNYSIC DICAL EXAMINED	HOSPITAL: 1 Inpettent 2 28a. DATE (Month, D) 28a. PLACE O building, CIAN: To the beat of a:	28. F  ER/Outpetier  INJURY ey, 'ber')  F INJURY — A atc. (Specify)  my knowledge xamination and	PLACE DF DEA  1 3 DOA  28b. Till IN  At home, farm, a, death occur d/or investigati	ATH (Check of OTHER 4 Nurse AE OF JURY) M street, factor at the tiron, in my op	nly one) ; lng Home 28c. INJI WO 1  Y ry, office	e 5 Re URY AT RK? (ES 2 Let and place, eath occur	ND ND and due t	28d. OES 28t. LOC: City of the cau	ATIDN (Street at or Town, State)	nd Number o	Rural Roul	nd manner as stated.
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1  YES 2 NO  27. MANNER OF DEATN 1 Netural 5  2  Accident 3  Suicide 8  4  Homicide  29e. CERTIFIER (Check only one) 2  MED	Pending Investigation Could not be determined TIFYING PNYSIC DICAL EXAMINED	HOSPITAL: 1 Inpettent 2 28a. DATE (Month, D) 28a. PLACE O building, CIAN: To the beat of a:	28. F  ER/Outpetier  INJURY ey, 'ber')  F INJURY — A atc. (Specify)  my knowledge xamination and	PLACE DF DEA  1 3 DOA  28b. Till IN  At home, farm, a, death occur d/or investigati	ATH (Check of OTHER 4 Nurse AE OF JURY) M street, factor at the tiron, in my op	nly one) ; lng Home 28c. INJI WO 1  Y ry, office	e 5 Re URY AT RK? (ES 2 Let and place, eath occur	ND ND and due t	28d. OES 28t. LOC: City of the cau	ATIDN (Street at or Town, State)	nd Number o	Rural Roul	nd manner as stated.



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

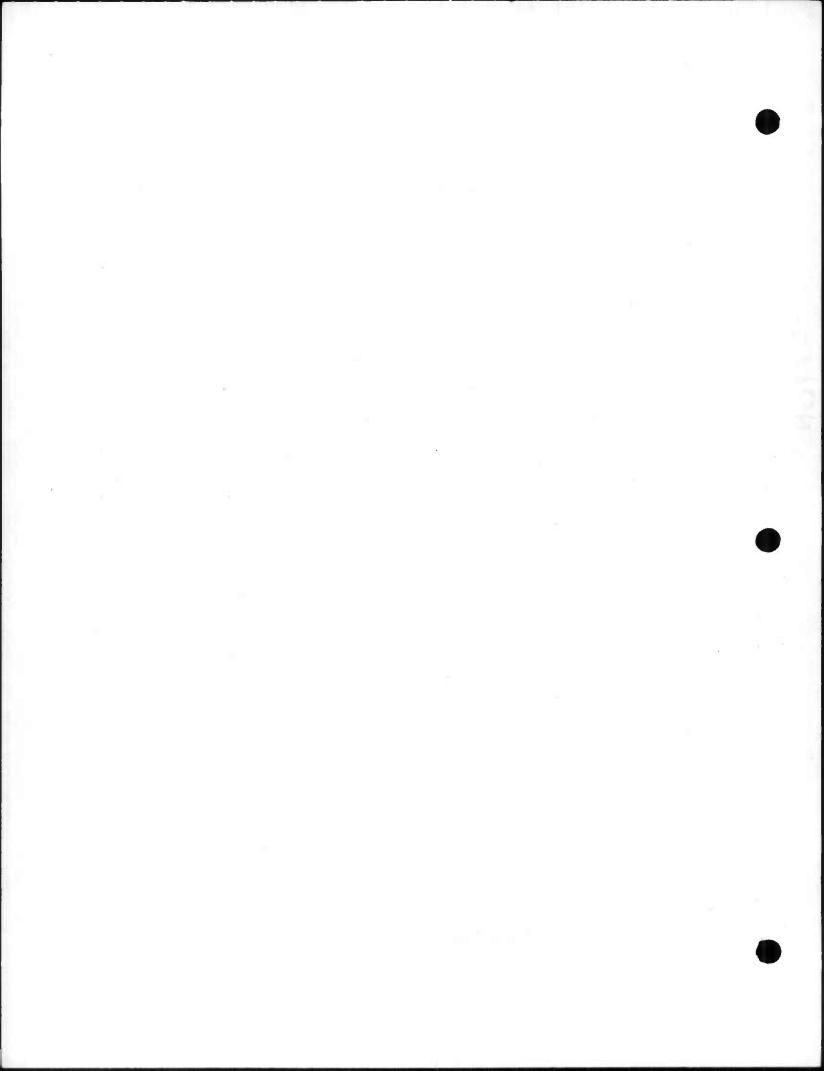
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

		V-		CATE O	T VEAL		REG. N	Ю.		
1. DECEDENT'S NAME (First, Middle, Last)	DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATN									
Bernardine			Bown	nan			January 13, 1995			2:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. las		IF UNDER 1 YEAR			7. DATE OF BIRTN		6. BIRTH	PLACE (State or Foreign
215 07 5716	1 ☐ M 2 💢 F	84	YRS.	HONTHS DAYS	HOURS	MIN.	May 13,	1910	Country	York
9a. FACILITY NAME (If not inetitution, give st	reet end number)			b. CITY, TOW	OR LOCATION	OF DE			UNTY OF DE	
2829 Lodge Farm	Road Apt. 3	315		Baltir	nore			Ba	ltimo	re County
RESIDENCE OF DECEDENT										
	timore		1 '	TOWN OR LOC						10d. INSIDE CITY
10s. STREET AND NUMBER	CIMOLE		Dal	timore						1 TYES 2 1 NO
	Donal Not	215			101. ZIP CODE			.1.0		HAT COUNTRY?
2825 Lodge Farm					2121				U.S.A	. •
11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y			13. WAS D	ECENDENT OF specify Cuban,	NISPAN Mexican	IC ORIGIN? (Specify n, Puerto Rican, atc.)	Yee or No-	14. RACE Black	- American Indien, White, etc.
3 🔀 Widowed 4 🗌 Divorced	IF YES, OIVE WAR OF	DATES			ES 2 X NO				Specif	y:
15. DECEDENT'S EDUC	CATION	16a DE	CEDENT'S III	SUAL OCCUPA	TION		405 KIND OF		1	White
(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of wo Do NOT use	rk done during i	nost of working		16b. KIND OF I	JUSINESS/IN	DUSTRY	
	2 years	Ad	lvert.i	sing S	Supervi	SOT	Dena	rtmen	t Sto	ro
17. FATHER'S NAME (First, Middle, Last)	_ 7 - 0.2 10			ozneg c			ME (First, Middle, Maid		0 300.	re
В	ernard L. T	arbox					y G. Dev			
19s. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS (Street			oute Number, City or 1		lo Cod-1	
Louise T. Kirby				2nd S		1100	Baltimor			d 21225
20a. METNOD OF DISPOSITION				DISPOSITION		-		OCATION -		
1 Buriel 2 Cremetion 3 Remo				atory,						Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC			02 0411		AND ADDRESS	OF FAC		ar Criik	ore, i	Maryrand
0	EXa	ved	)				ce Funera			
Condida	2.10			4001	Ritchi	ie F	wy. Bal	timor	e, Md	21225
23. PART I. Enter the disesses, or c shock, or heart failure. I	omplications that cause or list only one cause or	sed the dea esch lins.	eth. Do no	enter the m	ode of dylng	g, such	ss cardiac or res	piratory si	rest,	Approximats Interval Between
IMMEDIATE CAUSE (Final	000	000-	- 0	- in	10	100	-1-0 0-0			Onset and Death
disesse or condition resulting in desth)				a a	60	JY (	Jr Cog	y.		
	DUE TO (OR A	S A CONSEO	UENCE OF):				0			
Sequentially list conditions,	h									
If sny, issding to immediate	DUE TO (OR A	S A CONSEQ	UENCE OF):							
CAUSE (Disesse or Injury	CAUSE (Disease or Injury									
that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
.vesiting in death) LAST	DUE TO (OR A	S A CONSEO	UENCE OF):					<u>.</u>		
	l									
PART II. Other significant conditions	l	but not re	sulting in					IN AUTOPSY		WERE AUTOPSY FINDINGS
	l	but not re	sulting in	daly	ng csuse glv			ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	l	but not re	sulting in				PERF	ORMED?		AMAILABLE PRIOR TO
	s contributing to deeth	but not re	esulting in	idaly	+00	268	PERF 1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions  Machine  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	s contributing to deeth	OF DEAT	PSUITING IN	NO [Check only on	UNCE	268	PERF 1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions May nee  DID TOBACCO USE CONTR	s contributing to deeth	OF DEAT	PSUITING IN LCY	NO [Check only one	J UNCER	RTAIN	PERF 1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ECONTRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O	OF DEAT	FH YES  E OF DEATH  DOA 4  28b. TIME (	OF 28c. III	UNCER	RTAIN	PERF 1 U YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	CIBUTE TO CAUSE  HOSPITAL: 1   Inpetient 2   ER/O	OF DEAT	PSUITING IN  LCY  TH YES  E OF DEATH  DOA 4	OCHECK ONLY ONE  OTHER:  Nursing Ho  OFF  28c. IF	UNCE	RTAIN dence	PERF 1 YES	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions  MACH TO THE STATE OF THE STATE	RIBUTE TO CAUSE  HOSPITAL: 1   Inpetient 2   ER/O  289. DATE OF INJUR 289. PLACE OF INJUR	OF DEAT  28. PLACE  NY  NY  RY — At hone	FH YES  ODA C  100 C  100 C  100 C  100 C	OCHECK only one Check only one THER: Nursing Ho Nursing Ho Nr M 1	UNCER  DI UNCER	RTAIN dence	PERF 1 YES 1 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street	ORMED? 2 NO 7 INJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Day, Year)	OF DEAT  28. PLACE  NY  NY  RY — At hone	FH YES  ODA C  100 C  100 C  100 C  100 C	OCHECK only one Check only one THER: Nursing Ho Nursing Ho Nr M 1	UNCER  DI UNCER	RTAIN dence	PERF 1 YES 1 Other (Specify) 28d. DESCRIBE NOV	ORMED? 2 NO 7 INJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
PART II. Other significant conditions  ACC VICE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending   Investigation  3   Suicide 8   Could not be determined	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Dey, Year)  280. PLACE OF INJUR building, stc. (S)	OF DEAT  26. PLACI  Ulpatient 3.  RY — At honoecity)	TH YES  E OF DEATH  DOA 4  28b. TIME C  INJUR	OCALY Check only one OTHER: Nursing Ho Nursi	UNCER	RTAIN dence	PERF 1 VES 1 VES 28d. DESCRIBE NOW 28f. LOCATION (Street, State of Town, State of	ORMED? 2 NO VINJURY OC	CURED  or or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
PART II. Other significant conditions  ACCOUNTY  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending   Investigation  3   Suicide 8   Could not be determined  29a. CERTIFIER   (Check only) 1   CERTIFYINO PHYSIC	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Dey, Ves/ building, stc. (S)	OF DEAT  28. PLACE  Ulpetient 3  RY  PY  At honoectly)	FH YES  FOR DOA C 4  BOUTH A 100 C 1	Clary Check only one THER: Nursing Ho Nr 28c. If M 1 rel, lactory, off	UNCE	RTAIN dence 1	PERF 1 VES 1 VES 28d. Describe Nov 28d. LOCATION (Stree City or Town, Ste	ORMED? 2 NO VINJURY OC	CURED  or or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant conditions  ACCOUSE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be determined  29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Dey, Ves/ building, stc. (S)	OF DEAT  28. PLACE  Ulpetient 3  RY  PY  At honoectly)	FH YES  FOR DOA C 4  BOUTH A 100 C 1	Clary Check only one THER: Nursing Ho Nr 28c. If M 1 rel, lactory, off	UNCERDO)  me 8 Rasid  JURY AT  ORK?  YES 2 N  Ice  ts and place, er  death occured	RTAIN  dence I  no due t  at the t	PERF 1 YES 1 VES 2 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Ste	ORMED? 2 NO VINJURY OC	cureD  or or Rural Ro  ted.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Poute Number,
PART II. Other significant conditions  ACCOUNTY  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending   Investigation  3   Suicide 8   Could not be determined  29a. CERTIFIER   (Check only) 1   CERTIFYINO PHYSIC	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Dey, Ves/ building, stc. (S)	OF DEAT  28. PLACE  Ulpetient 3  RY  PY  At honoectly)	FH YES  FOR DOA C 4  BOUTH A 100 C 1	Clary Check only one THER: Nursing Ho Nr 28c. If M 1 rel, lactory, off	UNCE	RTAIN  dence I  no due t  at the t	PERF 1 VES 1 VES 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Ste to the cause(e) and m ime, date end place, BER	ORMED? 2 NO VINJURY OC	cureD  or or Rural Ro  ted.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant conditions  ACCOUNTE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	EIBUTE TO CAUSE  HOSPITAL:  1   Inpatient 2   ER/O  28e. DATE OF INJUR (Month, Dey. Year  28e. PLACE OF INJUR building, stc. (S)	OF DEAT  26. PLACE  Ulpatient 3 In the property of the propert	FIH YES E OF DEATH DOA 4 28b. TIME CONTROL INJUR	NO [(Check only one) one) THER: Nursing Ho Nursing Ho F Y M 1	UNCERDO)  me 8 Rasid  JURY AT  ORK?  YES 2 N  Ice  ts and place, er  death occured	RTAIN  dence I  no due t  at the t	PERF 1 YES 1 VES 2 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Ste	ORMED? 2 NO VINJURY OC	cureD  or or Rural Ro  ted.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Poute Number,
PART II. Other significant conditions  ACCOUNTE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation 3   Suicide   8   Could not be determined 4   Homicide   Check only one)   2   MEDICAL EXAMINER  299. SIGNATURE AND TITLE OF CERTIFIER  299. SIGNATURE AND ADDRESS OF PERSON WHO	RIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  28e. DATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, stc. (S)	OF DEAT  28. PLACI  WY  PRY — At honoecity) At honoecity of the end/or in	FH YES  FOR DEATH  DOA 4  28b. TIME CONTROL  NUMBER OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THE OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THO OCCUPY OF A THE CONTROL  THE	NO [(Check only one) one) THER: Nursing Ho Nursing Ho F Y M 1	UNCER  UN	RTAIN  dence t at the t  SE NUMM	PERF 1 VES 1 VES 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Ste to the cause(e) and m ime, date end place, BER	ORMED? 2 NO VINJURY OC	cureD  or or Rural Ro  ted.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Poute Number,

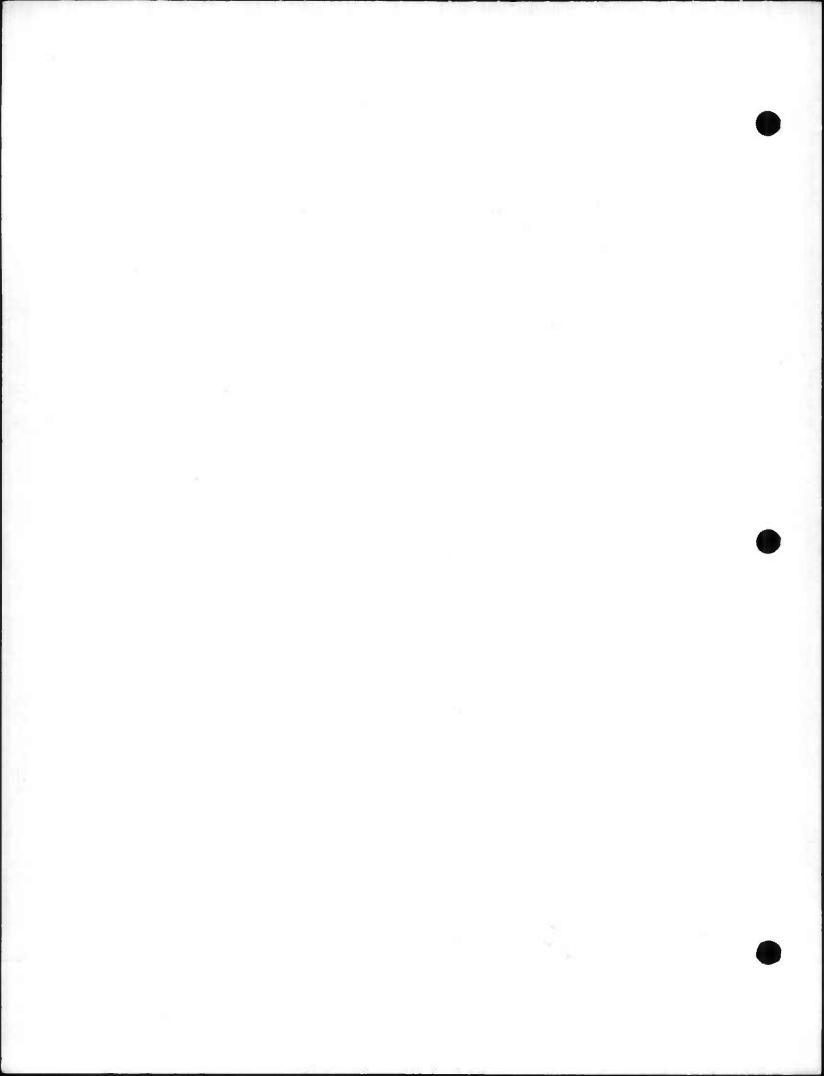


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR CEI				DEATH	D MILI		i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Nora Mae Blankenshi						2. DATE OF DEATH MONTH DAY January 13, 199			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b) 215 18 7235 1 1 M 2 M F 93		IF UNDER 1 1	YEAR DAYS	IF UNDER 24 HF	N. 7.	DATE OF BIRT (Month, Day, ) Oril 8	(N bar)	B. BIRT	HPLACE (State or Foreign	
TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  Bay Meadows Nursing Home			9b. CITY, TOWN OR LOCATION OF DEATH Glen Burnie				9c.	9c. COUNTY OF OEATN  Anne Arundel		
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel		oc. CITY, TOWN OR LOCATION Glen Burnie							10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER 145 S Meadow Drive	en bu	101. ZIP CODE 21060				101	1 ☐ YES 2 📉 NO  109. CITIZEN OF WHAT COUNTRY?  U.S.A.			
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMS FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	D	If y	13. WAS DECENDENT OF NISPANIC ORIGIN? (Sp. If yes, specify Cuban, Mexican, Puerto Rican  1  YES 2 N NO Specify:				ify Yes or N	se or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +)	kind of v o NOT us	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)				166. KIND OF BUSINESS/INDUSTRY  Home Maker			willte	
						Mary A.					
	19a. INFORMANT'S NAME (Type/Print)  Deloris A. Blankenship  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  145 S. Meadow Drive Glen Burnie, Maryland 2								land 21060		
	1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	DDATE O	of disposition of the place)  1 Ceme	F DISPOSITION (Name of ler place) L Cemetery			DATE 20c. LOCATION — City or Town, State 1/16 Baltimore, Maryla				
	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.										
: MEDICAL CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Daeti										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO     DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO							b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
HYSI		28b. TIM	4 Nursing	g Home	5 Resider		Other (Special DESCRIBE		Y OCCURED		
ВУ Р	1 Partiral 5 Pending 2 Accident Investigation	Accident Investigation			WORK?  M 1 YES 2 NO						
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Bural Route Number, City or Yown, State)								Route Number,		
COMPLETED		(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE								290	29d. DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2)	7) (Type,		Our	trim	Ro	1 8	asid	ena IM	071170	
	31. DATE FILED (Month, Day, Year) July 1915 RAP SIGNAPPRE	A							1	V 11-0	



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. DR ATTENDING PHYSICIAN: After HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: P

Pages 1, 2, 3 should permit. signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Reath and Mental Hygiene prior to burial, cremation, or removal. once. notified at pe must examiner medical the event, other traumatic any Shows this certificate has been with the State Dept. of 23 10 marked, death 60 DIRECTOR: / after 28 Item FUNERAL ( within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NIS 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF HTRIC 8. BIRTHPLACE (State of 1 X M 2 - F 1454 DAYS HOURS 89 YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County General Hospital DIRECTOR Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 - YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 117 Sandy Beach Drive 21122 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Merried 1 YES 2 NO BY Specify Specify: 3 Vidowed 4 Divorced White ETED. 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Bank Teller COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William . B1um Helen Reis BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 -Bu Bill Blum 9502 Clocktower Lane Columbia, Maryland 21046 20e. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Moreland Cemetery 4 ☐ Donation 8 ☐ Other (Specify) 1/16 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert fallure. List only one cause on each line. Intervel Between **IMMEDIATE CAUSE (Finel** Origet and Death disesse or condition resulting in desth) neumonia DUE TO (OR AS A CONSEQUENCE OF): 2,2 6 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WE'RE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF PEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending 1 YES 2 NO BY Investigation Accident 26s. PLACE OF INJURY - At home, lerm, street, lectory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 29e CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE BIGNED (Month, Day, Year) H 20 2 AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 32. REGISTRAR'S SIGNATURE DATE FILED (Month, Day, Year) La Visa into

 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	Dou'l au	2. DATE OF D	3. TIME OF DEATH								
	Rita Ann 4. SOCIAL SECURITY NUMBER	Boulay 5. SEX 6. AGE (	(In yrs. lest birthday	y) IF UNDER	4 VEAR	IF UNDER 24 HRS.	7. DATE OF B	WETH	8 849	10:00 p M		
	213-68-0831	1 m 2 kg F 6		MONTHS	DAYS	HOURS MIN.	June I	6°, 193	30 MÅ	RYLAND		
TOR	90. FACILITY NAME (If not inatitution, give st Greater Baltimore RESIDENCE OF DECEDENT		nter		vs ôn	OR LOCATION OF D	EATH		altimo			
FUNERAL DIRECTOR	MARYLAND BALTIN	MORE		LUTHE					10d. INSIDE CITY LIMITS? 1 YES 2 ANO			
VERAL		op Court Ap			101	21093		10	USA	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	l n	It yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 NO Specific	an, Puerto Rican	pecify Yes or I	Sp	CE — American Indian, ack, White, atc. ec/ly: HITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	IIIa. Do NOT	s usual oc of work done d use retired.) Sewife	during mo	ON st of working	16b. KINI	Own H				
BE CO	17. FATHER'S NAME (First, Middle, Last)  John R. Ma	aas			ļ		se Gera					
10	19a. INFORMANT'S NAME (Type/Print) Michael E. Bot	ılay	19b. MAILIN	NG ADDRESS 1016	Old	Barn Rd	Route Number, Co., Parl	ity or Town, St	MD 21	L20		
	20y. METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Disposition	coval from State cem	b.PLACEANDDAT metery, crematory or St. John	r other place)	ng	Green	DATE 20c. LOCATION — City or Town, State 18 JAN Long Green, MD					
	21. SIGNATURE OF BUILDING LICE	Leamon		22. 1	Lemi	mon Fune	ral Hon	ne				
	23. PART I. Enter the disesses, Dr c	complications that cause	d the desth. Dr	not enter	the mo	W. Padon de of dying, suc	ia Rd.	Timo pr respirato	prium.	MD 21093 Approximate		
	shock, or heart failure. I	. Septicemia	ach line.						, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death		
	resulting in death)  Due To (or as a consequence of):											
ATION	Sequentially list conditions, If smy, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								
I'L C	PART II. Other significant conditions	a contributing to death b	out not resulting	g in the unc	derlying	g cause given in	Part I. 24a.	. WAS AN AUT		46. WERE AUTOPSY FINDINGS		
MEDICAL	Left ventricula							PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  V YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (Ch	- ch cohi onel					
SIC	EXAMINER?  1  YES 2 NO	HOSPITAL: 1 In inputient 2 ER/Outp	entient 3 DOA	OTHER	R:	e 5 🗆 Residence		- 36.4				
BY PHYSICIAN	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJ		28d. DESCRIB		RY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm	, street, tecto	ory, office	В	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my knowl R: On the basis of exemination								e(s) and menner as stated,		
띪	296. SIGNATURE AND TITLE OF CERTIFIER	10	29c, LICENSE NUI D28885		ED (Month, Day, Year)							
임	30. NAME AND ADDRESS OF PERSON WHO HOWARD L. Siegel,	O COMPLETED CAUSE OF DE			es :	Street,	Baltimo	ore MD	21204			
	31. DATE FILED (Month, Day, Year)	82. REGISTRAR'S SIGN	ATURE									

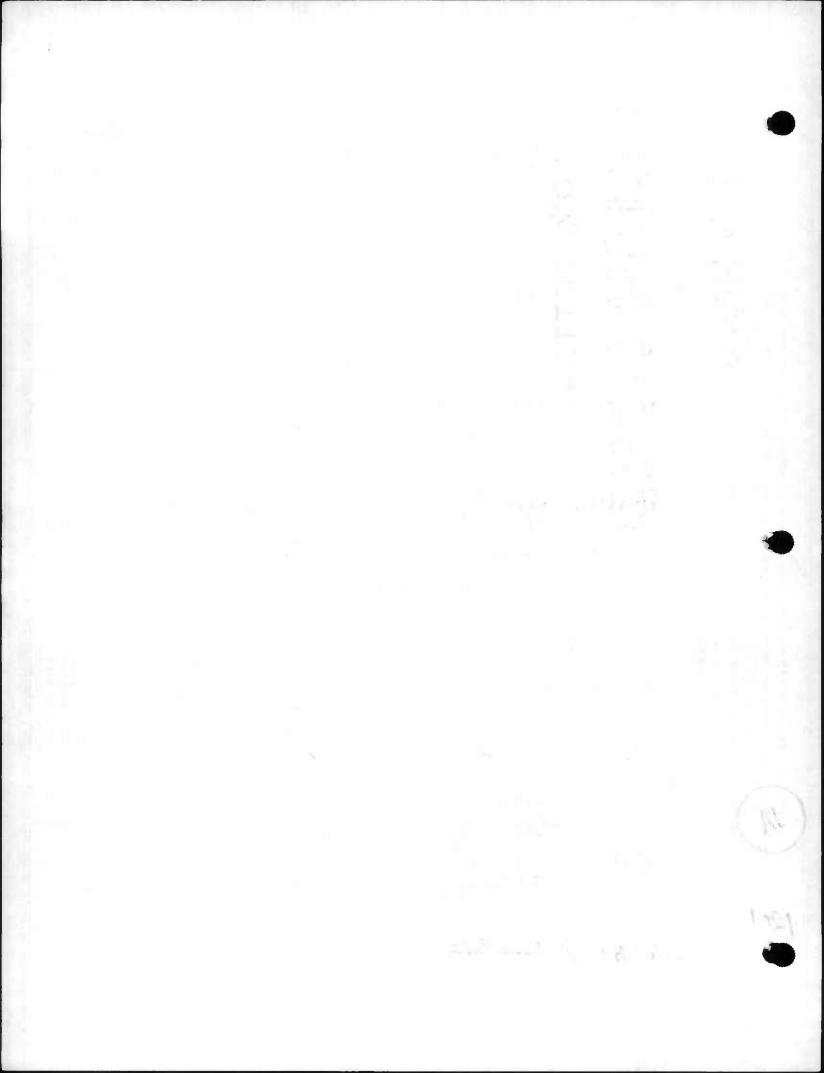
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE PROPERTY OF THE POPULATION	AL OR PENDING PHYSICIAN: The law requires that t	HE DIRECTOR And this certificate has been signed by	4	If Item 26 is marked, or Item 23 shows any i
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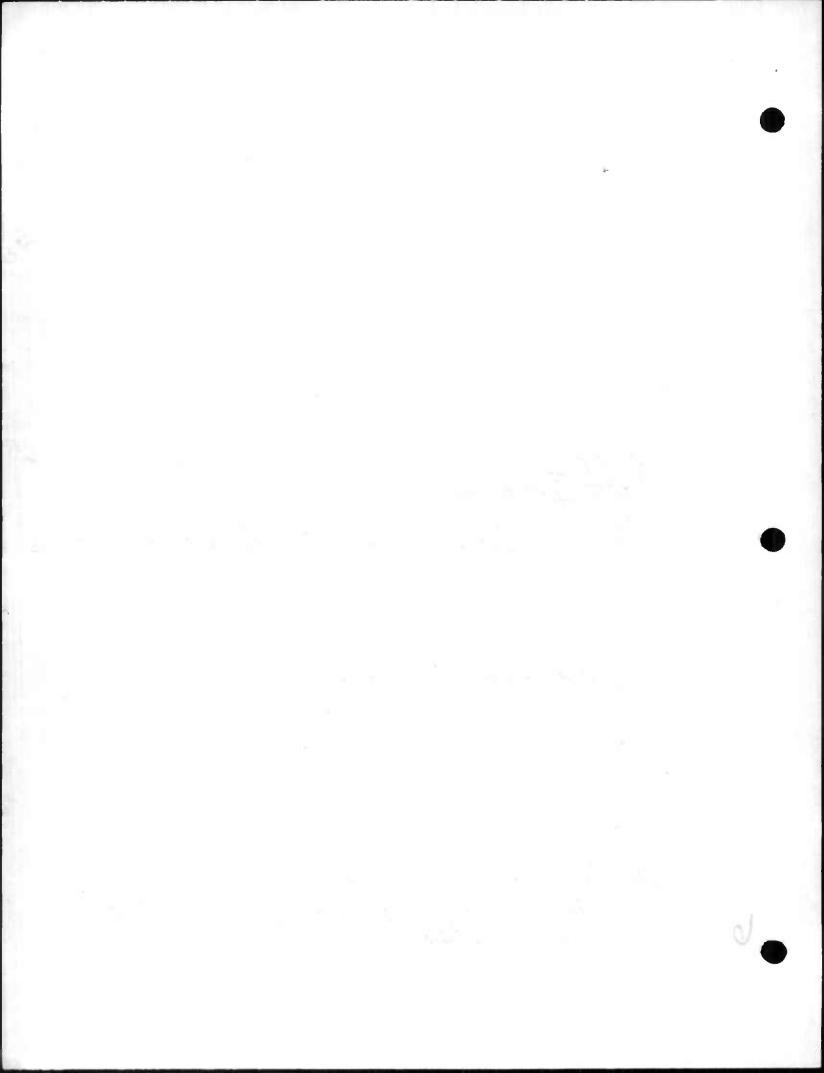
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put controlling Physicians. The law requires that the death certificate be executed within the deuts after death. Page 6 may be retained by the hospital or	DIRECTOR AND the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	And a sine with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF			MENT	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	-							TE OF DEATH			3. TIME OF DEATH		
	Richard M.	Baier						Ja	n. 11		5	9:05 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHE	LACE (State or Foreign		
	215-30-1880	1 🕅 M 2 🗆 F	60	YRS.	MONTHS DAY	HOURS	MIN.	NO	vith, Day, Year)	934	Ba 1	to.,Md.		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCAT	ION OF D				NTY OF DE			
DIRECTOR	7855 Harold R	d			Dung	la1k		4		Ва	1tin	nore		
Ü	10a. STATE 10b. COUNT	10c. Cf	TY, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?				
	Md. Ba:	ltimore		Du	nda1k	10f. ZIP COI	ne .			10a CIT		1 YES 2 X NO		
FUNERAL	7855 Harold Re					21	222							
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		NT EVER IN U.S. I X YES 2 [ MAR OR DATES		If yes,		an, Mexico	an, Puerl	GIN7 (Specify Ye to Ricen, etc.)	or No—	14. RACE Black, Specify Whi			
0	15. DECEDENT'S EDU		15a.		USUAL OCCUPA			1	6b, KIND OF BU	SINESS/IN		LE		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6	4)	(Give kind of life, Do NOT L	work done during ise retired.)	most of work	ing							
1 2 1	12 yrs	College (1-4 or 8		Fire	Dept.				City	of	Balt	imore		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				20100		THER'S NA	MF (Flow	t, Middle, Maiden		2410	ZMOZC		
	Ernest Baier								Mart:					
BE	19a. INFORMANT'S NAME (Type/Print)			10h MAII IN	G ADDRESS (Stre					-	n Codel			
2	THE RESIDENCE OF THE PARTY OF T	•			41107							21222		
	Helen M. Baier 7855 Harold Rd., Dundalk, Maryland 21222													
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Sacred Heart of Mary 1-16-95 Balto., Md. 21222													
		CENEER - 1	_   Sac	red	Heart	of M	ary	1-	16+95	Bal	to.,			
	21. SIGNATURE OF FUNERAL SERVICE LI		on M.P 00083	erki	ns Bra	dley Wil	-As	hto	n Fun	eral Rd.,	Hom Balt	21222 ne, Inc.		
	23. PART I. Enter the diseases, or				not antar tha	mode of d	ying, au	ch as c	ardiac or reap	Iratory ar	rest,	Approximate		
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one ce	use on sach i	ine.		1 1	1					Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Colon Cancer metastatic  Due To (or as a consequence of):													
	Making a consequence on:													
CERTIFICATION	Sequentially list conditions,  b. / / / / / / / / / / / / / / / / DUE TO (OR AS A CONSCOUENCE OF):													
A	cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CON	SEOUENCE (	OF):							+		
토	resulting in death) LAST													
E		d												
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO													
MEDICA	pulmunam	Insutfic	wich						1 TYES	1		COMPLETION OF CAUSE OF DEATH?		
밀		11	.)							To		1 YES 2 NO		
2														
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)													
2	EXAMINER?	HOSPITAL:	Carrie and	2 □ 004	OTHER:									
😤	27, MANNER OF DEATH	26a, DATE Ó		25b. TI		INJURY AT	Hasidence	_	DESCRIBE HOW	INJURY OC	CURFO			
	1 Netural 5 Pending		Day, Year)		JURY	WORK?	Пио							
B	2 Accident Investigation 3 Suicide & Could not be	26e, PLACE	OF INJURY — A	home, ferm				26( )	OCATION (Street	and Numbe	or or Rural B	nute Number		
TED	4 Homicide 6 Could not be determined	building	j, etc. (Specify)	7707714	,,,				ity or Town, State			outo ivenibus,		
lin li	29a. CERTIFIER 1 CERTIFYING PHYS	MCIAN. To the best of	d mu kamuladaa	doub seem		444 - 144	a and do							
COMPLET	(Check only one) 2 MEDICAL EXAMIN											and manner as stated.		
8				- 11111										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	54					CENSE NU		5	29d, DA	9/7	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED OF	INC. OF OFFICE	TEN OF C	on Chilath		170	, /	ı		1/30	110		
						D1	<b>3</b> T	1112	Talle M	A 21	222			
	Theodore Stev				erritt	DIA	1 • , L	unc	ialk, M	u • Z J				
	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATUR	E										
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		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			TIME OF DEATH
		Harry H. Blackburn					January 1		5	8:45 Pm
pin		212-05-7357	1½ M 2 ∏ F	(In yrs. last birthday) 95 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) December 28	, 1899	Country)	CE (Stete or Foreign Maryland
2, 3 should	CTOR	90. FACILITY NAME (If the Institution, give street 6220 Rolling View			Sykes	OR LOCATION OF DE Ville	ATH	9c. COUNTY	roll	Н
	111	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		10c, CIT	Y, TOWN OR LOCAT					TIME OTY
permit, Pages	E	Maryland Carro	11		Sykesvil	lle				1. INSIDE CITY LIMITS? YES 2 X NO
	ERAL	6220 Dolling Vices	D 1-3		101	r. ZIP CODE				COUNTRY?
DZO physician. burial-transit	FUNE	6220 Rolling View	DTIVE  12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DEC	21784	IIC ORIGIN? (Specify Yes	U.S		American Indian,
ig a	B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Mexican 2 NO Specify:	n, Puerto Ricen, etc.)	) or No.	Black, Wi	hite
z 15 attend use as	8	15. DECEDENT'S EDUCA' (Specify only highest grade co	ITION pmpleted)	16a. DECEDENT'S	USUAL OCCUPATION	ON and working	16b. KIND OF BUS	SINESS/INDUS		
ital or difor u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)		-2 4 7			
he hospit detached	COMPL	8th Grade  17. FATHER'S NAME (First, Middle, Last)		Overhead	Crane C	-	BG & E			
be deti		William W. Blackbu	irn				ME (First, Middle, Meiden  1. Nicholso			
	18	19a. INFORMANT'S NAME (Type/Print)	ILII	19b. MAILING	ADDRESS (Street 4		NICHOLSO			
mark e retained 5 5 should notified	5	Mrs. Carole Leigh	Grill			View Dri		n, Stata, Zip Co Ville,		21784
Page 6 may be director, page ner must be		20e. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITION (Na			CATION — City		
TWORE, age 6 may b director, page er must be		1X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Go	od Sheph	erd Ceme	etery 1	/19/95 E13			
		21. BIGHATURE OF FUNDAL MERVICE LICEN			22. NAME AN	ND ADDRESS OF FAC	YILIE			
		Destant Com	w.A				Funeral Di Road Rand			
hours at he in by or remo		23. PART L Enter the diseases, or con shock, or heart fellure. Lie	at only one cause on as	ach lina.	not anter the mo-	de of dying, such	as cardiec or respi	Iratory arrest	t,	Approximate interval Between
rted within 24 ho competery filed fal, cremetton or cevent, the m		disease or condition resulting in death)	Car	Cursu	u o/	Ry 1	Prote	rfe	-	Onset and Death
B 2 2 8	,		DUE IO (OR AS A	CONSEQUENCE OF	0					
be executed by the control of the co	0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	<b>ን</b> :					
ficate be ophysician to prior to	S	cause. Enter UNDERLYING CAUSE (Disease or injury								
	RTIFICATIO	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				1	
나 등 등 등 이	CER	resulting in dail(n) LAST								
를 본을 들	AL C	PART II. Other eignificent conditions	confibuting to deeth be	ut not resulting i	n the underlying	g ceuse given in f	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS
	EDICA	Conflotive	Heart	7 - 1	me		PERFOR	T	CON	ILABLE PRIOR TO IPLETION OF CAUSE
law requires that as been signed begt, of Health ar 23 shows any	ME	0								YES 2 NO
S ept pas		DID TOBACCO USE CONTRII			S D NO	UNCERTAIN				/ \
PHYSICIAN: The law requires that this certificate has been signed b with the State Dept. of Health at riked, or Item 23 shows any	SICIAN		HOSPITAL:	26. PLACE OF DEAT	OTHER:	•				
certific the S	HYS	1 YES 2 NO 1	26e. DATE OF INJURY	atlent 3 DOA	4 - Nursing Home		Other (Specify)			
F st f		1 Ratural 5 Pending	(Month, Day, Year)		URY WO	VES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED	
ATTENDING CTOR: After s after death 28 is mai	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, s			28f. LOCATION (Street e	and Number or	Rural Route	Number.
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETE	4 Homicide determined	building, atc. (Speci	Hy)			City or Town, State)			
물물었=	OMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge.  On the bests of examination						euse(e) enc	i menner ee stated.
TO THE HOSPI TO THE FUNER De filed within	Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	2	- 4		29c. LICENSE NUMI		29d. DATE S		
TO THE TO THE De filed	TO BI	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	MD -8	hysicia	Pa	7211	<b>&gt;</b>	16	195
		1247 West	2 RD.	Elo	ler S d.	my,	MO	217	84	
V		JAN 17 1995	32. RIGUSTRAR'S SIGN	A COL		•				



BALTIMORE, MARYLAND 21215-0020

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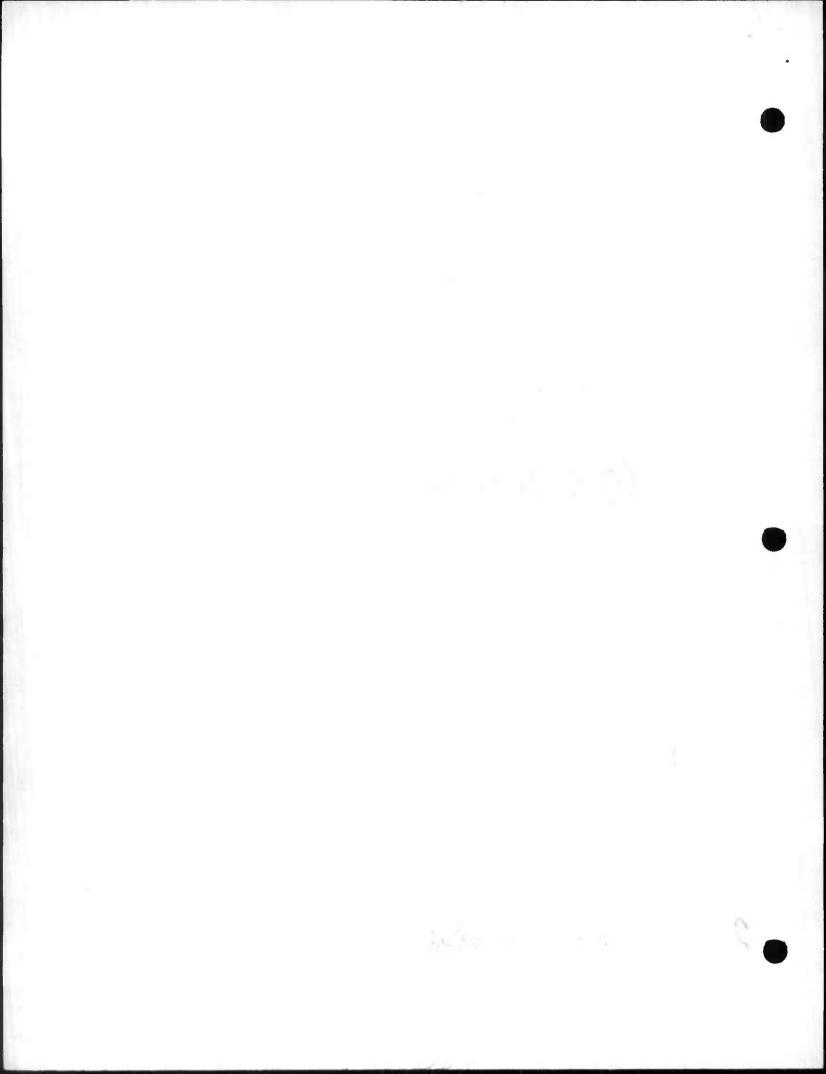
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "4" hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	EKITF	CATE O	- DEATH	REG. NO.						
	DECEOENT'S NAME (First, Middle, Lest)	Irma	Caroli	ne		Bond	2. DATE OF DEATH MONTH	2. DATE OF DEATH January 13, 1995 0100					
	4. SOCIAL SECURITY NUMBER 219-22-6740	5. SEX 1  M 2  KF	B. AGE (In yrs. les	et birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) April 13.						
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF DE	OF DEATH						
DIRECTOR	Northwest Hospita	al Center			]	Randallst	altimore						
E C	10e. STATE 10b. COUNTY	r		10c. CITY	TOWN OR LOC	ATION			10d, INSIDE CITY				
	Maryland ]	Baltimore			Randa	1 YES 2 NO							
FUNERAL	9109 Liberty Ro	oad			. 1		U.S.A.						
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS D	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.				
BY	1 Never Married 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WA		•0		pecify Cuban, Mexica S 2 2 NO Specify			Specify: White				
<u>n</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	JSUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDUST	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT use	ork done during r retired.) emaker	lost of working	0	77					
M	17. FATHER'S NAME (First, Middle, Last)			пош	emaker		Own	Home					
BE CO	Unkno	own				18. MOTHER'S NA	ME (First, Middle, Meiden . Unknown	Surname)					
	19a, INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS (Street	end Number or Rural I	Route Number, City or Town	, State, Zip Coo	de)				
임	Mr. Richard A. Bor	nd, Jr.	7	136 0	livia I	Road Mid	dle River	. MD	21220				
	Mr. Richard A. Bond, Jr. 7136 Olivia Road Middle River, MD 212  20s. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of permetery, grematory or after place) WOOdlawn Cemetery 1/16 Woodlawn, 1												
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ()	1.000		22. NAME	UND ADDRESS OF FA	YTUE						
13	· Stephen	m go	nku	is	Lorin	ng Byers 1	Funeral Din Road Randa						
	23. PART I. Enter the diseases, or o	complications that	caused the de	ath. Do no	ot anter tha m	ode of dying, suci	as cardiac or reapi	ratory arrest.	Approximate				
	IMMEDIATE CAIRS (Final												
	disease or condition	Due.	mil	1-12	2.				Onset and Death				
	resulting in death)	DUE TO (C	. 1			4 100							
7	disease or condition resulting in death)  Out TO (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O											
3	cause. Enter UNDERLYING CAUSE (Disease or injury	Dem	en 4						6485				
Ē	that initiated events	OUE TO (O	R AS A CONSEC	UENCE OF	:								
E	resulting in death) LAST	d.											
	DATE II OU												
DICAL	PART II. Other algnificent condition				the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă	Recent he	e Sura	Ende	<u></u>			1 _ YES 2	□ NO /	COMPLETION OF CAUSE OF DEATH?				
A H				7					1 TYES 2 NO				
	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DEA	TH YES	ON [	UNCERTAIN	10						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEATH	(Check only one	)							
Si	1 TES 2 NO	HOSPHAL:	R/Outpatient 3		OTHER: 4 - Nursing Ho	me 5 Residence	6 Other (Specify)						
PHY	27. MANNER OF OEATH	26e. DATE OF IN (Month, Day,		28b. TIME	OF 28c. IF	JURY AT	28d. OESCRIBE HOW IN	JURY OCCUR	ED				
ВУ	1 Niftural 5 Pending 2 Accident investigation	(MONIT, Day,	reary	INSU		ORK? YES 2 NO							
0	3 Suicide 8 Could not be	260. PLACE OF	NJURY — At ho	me, ferm, st	reet, factory, off	ce	28f. LOCATION (Street as	nd Number or R	Rural Route Number,				
W II	4 Homicide determined	building, et	c. (Specify)				City or Town, Stete)						
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner as stated.												
Ö I	One) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) and manner ee stated.												
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER		0.	120		29c. LICENSE NUM	BER	29d. DATE SH	GNED (Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type	Print)	DIAI	2	- 11	112111				
	8620 L.B	enty!	0162	~ V	rell	Cloub	Ruie, D	10.3	1001				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATURE										
	JAN 1 7 1995 A	alfi d'hudge	- Netter										



BALTIMORE, MARYLAND 21215-0020

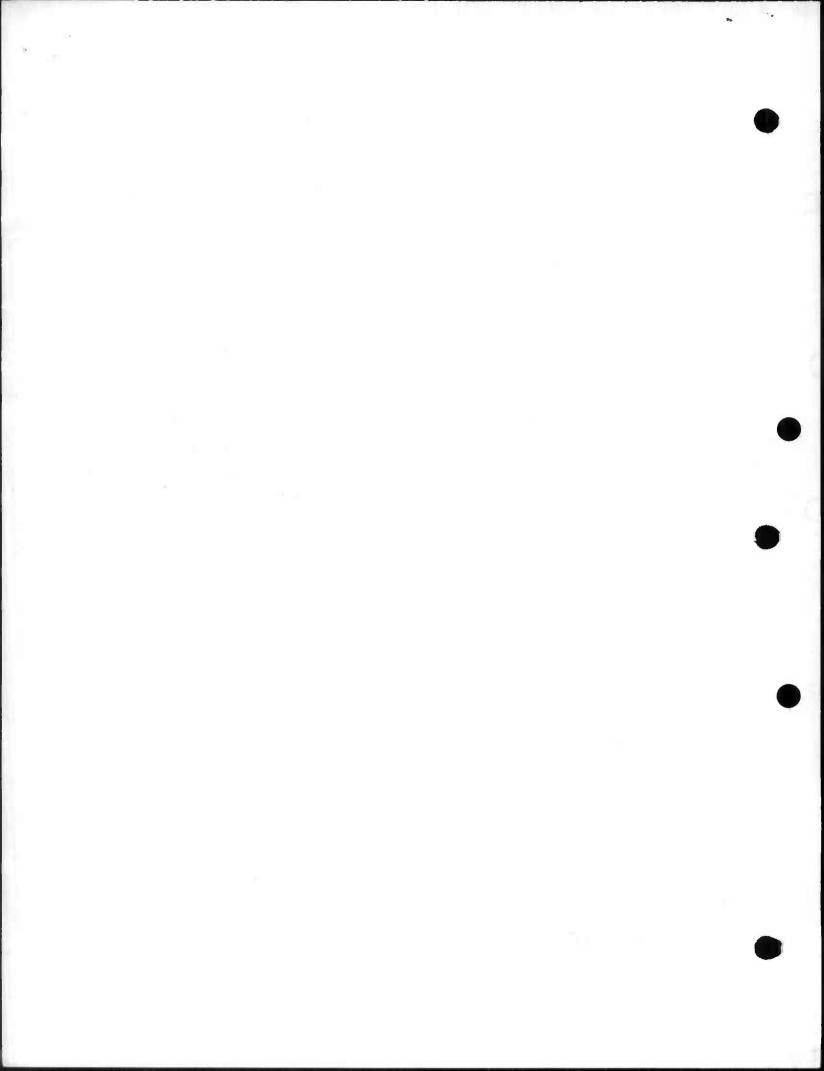
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 . STATE	TO PEK	STATE OF I		AND / [	DEPAR					MEN	TAL HY	/GIEN	E				
	REGISTRAR				CE	RTIF	CATE	OF	DEA	TH	, .	_	G. NO		-			
	1. DECEDENT'S NAME (First,		0	^							NTE OF DI	EATH D.	YEAR					
	MILO	100	<u> </u>		WO						01 11			1_	95	7:201		
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	In yrs. last t		IF UNDER	1 YEAR	HOURS	R 24 HRS.		TE OF BI	Year)	•	Countr	IPLACE (State or Foreign		
	214-12-1307					YRS.			1100115	MIIV.	Ma	y 5,	19	17	N	faryland		
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	, TOWN C	R LOCAT	ION OF D	EATH			9c. CO	UNTY OF O	EATH		
DIRECTOR	Northwest	Hospit	al Cente	r				F	Randa	alls	towi	1		BF	SLTI	LTIMORE		
9	10a. STATE	10b. COUNTY	1			10c. CITY	r, TOWN C	R LOCAT	TON							10d. INSIDE CITY LIMITS?		
5	Maryland Baltimore Woodmoor												1 YES 2 NO					
4	10e. STREET AND NUMBER							101	ZIP COD	E				10g. CI1	TIZEN OF V	VHAT COUNTRY?		
LONEHAL	3105 Fai	rview	Road							2120	07				U.S	.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMI	ED	13.	WAS DEC	ENDENT			GIN? (Sp.	ecify Yes	or No.	14. RACE	- American Indian,		
	1 Never Married 2 🔀	Married	FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES				- 3	f yes, sp	2 X NO	en, Maxic	en, Pue				Blaci	c, White, atc.		
5	3 Widowed 4 Divo	rced	IF YES, GIVE WAR ON DATES					I [] TES	2 E- NO	Speci	lfy:				Speci	White		
		EDENT'S EDU			16a. DECE	EDENT'S	USUAL O	CCUPATIO	)N		T	16b. KIND	OF BU	SINESS/IN	DUSTRY	***************************************		
	(Specify only Elamentary/Secondary (0	highest grade		, —	(Give	kind of w Oo NOT us	vork done ( e retired.)	during mo	st of worki	ng								
20111	12		country (1-4 04 2+)				of work done during most of working use retired.)  per/Secretary					Bud 1	Pao	lino'	s Cr	ab House		
	17. FATHER'S NAME (First, M	iddle, Last)				Jokkeepel/Secle				HER'S NA					0 01	ab Hodoc		
. 1	Malu	in MORE	RIS	Dona	1.4				7		Rose				1122	11ard KRITZMAN		
	19a. INFORMANT'S NAME (7			Dona		MAILING	ADDRESS	/Street a	ad Numbe				n as Tour			d Kill Lennin		
2	The second of the second		(T)												e, Zip Code) 1207			
	20b. PLACE AND DATE OF DISPOSITION   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE   20c. LOCATION - City or Town, State   2 DATE																	
	4 Doneston 5 Other (Specify) Carroll Cremation Serv. 1/18 Hampstead, Maryland  22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.																	
١	21. SIGNATORE OF HOMERA	L SERVICE LIC	AAA A		V a		Lo Lo	rine	d addre BV	SS OF FA	CILITY Fund	eral	Dia	recto	ors.	Inc.		
	Lax	2 her	SMI C	en	Sin	1		_							town,			
centification	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition rasulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																	
3																		
	PART II. Other significe	nt condition	e contributing to	deeth bu	ut not ree	eulting i	n the un	derlylng	ceuse	given in	Part I. 24a. WAS AN AU PERFORMI			MED?	MED? AVAILABLE P			
	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE O	F DEATI	H YE	S 🗆 1	10 E	UNC	ERTAI	N $\square$							
	25. WAS CASE REFERRED TO	MEDICAL			26. PLACE	OF DEAT	H (Check o	only one)										
	EXAMINER?		HOSPITAL:	ER/Outp	stlent 3 🗆	DOA	OTHER		5 🗆 B	esidence	400	that (Sna	-(h <sub>c</sub> )					
	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIME	OF	28c. INJ	URY AT		T			NJURY OC	CURED			
100		Pending	(Month, D	ay, Year)		INJU	JRY M		RK? 'ES 2 [	NO								
	3 Suloida	nvestigation	28e. PLACE O	F INJURY etc. (Speci	— At home	e, term, si	treet, facto				28t. I	OCATION	(Streat s	and Numbe	or Or Rural F	Route Number		
ı	4 Homicide			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
	one)		CIAN: To the best of R: On the basis of a													) end manner as stated		
	29b. SIGNATURE AND TITLE	OF CERTIFIER	1						29c. LJC	ENSE NU	MBER			29d. DA	TE SIGNEO	(Month, Day, Year)		
	a cond	rP	meh	10	m i				1	Lin	9.	LA		▶ 6	21-	14-91		
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	E OF DE	TH (ITEM :	27) (Type,	Print)			7	7	111			Ram	ORUS TOWN		
	31. DATE FILED (Month, Day)	dirak	I toral	D'STRICK!	וחדו	C	ENT	TER	.5	401	Q	10	Ca	TAN		Z1133.		
	JAN 1 7 19	15 Ju	diwales	MAC	aly													

1 - FOR STATE REGISTRAR

	- 9	1. DECEDENT'S NAME (First	Middle (ast)				1			2. DATE OF	DEATN			3. TIME OF DEATN
	1 8	FARL	E	<i>=</i> .		K	SACO	No	1	MONTH DAY 1995 1105				1105
	- 8	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs	. lest birthdey)	IF UNDER 1 YE	AR	IF UNDER 24 HRS.	7. DATE OF E	HRTH.	- ( )		PLACE (State or Foreign
	1	544-16-7025		1 🕅 M 2 🗌 F	68	YRS.	MONTHS DA	_	HOURE MIN.	June	y, Year)	926	Country	)
Should		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OF	R LOCATION OF D		J, 1:		ITY OF DE	egon
2, 3	8	Northwest H	ospita	1 Center			Ran	da]	l1stown			I	Balti	imore
<del>-</del>	CTO	RESIDENCE OF DEC	10b. COUNT	v		100 01								
Page	DIRE	Maryland		timore		100, 01								10d. INSIDE CITY LIMITS?
permit. Pages		10e. STREET AND NUMBER	Dal	timore			Woo		ZIP CODE			10a CITI		1 YES 2 NO
	ERAL	7114 Mun	ford R	nad				101.	2124	. /.		- 35.	J.S.A	
DZU physician. burial-transit	FUNE	11. MARITAL STATUS	zozu k	12. WAS DECEDER	NT EVER IN U.S.	ARMED	13, WAS	DECE	NDENT OF HISPA		pecify Yea		14. RACE	- American Indian.
DOZO og physic ne burial		1 Never Married 2		IF YES, GIVE Y	1 X YES 2		If yes	s, spec	city Cuban, Maxico 2 X NO Specif	en, Puarto Ricar	ı, etc.)		Black,	White, etc.
	В В	3 🖾 Widowed 4 🗌 Divo	rced	WW2 Kore	a Viet	nam							Wh	nite
attendii use as t	ETED.		EDENT'S EDU y highest grade		18a.	(Give kind of	S USUAL OCCUI			16b. KIN	D OF BUS	INESS/IND	USTRY	
the hospital or detached for u	Ä	Elementary/Secondary (0	1-12)	College (1-4 or 5	. 1	ille. Do NOT		000	~ •					
AND he hospit detached once.	COMPL	12	liddle Leet			Jniei	Petty	_			Navy			
_ 00 -		Aubry	ruure, Last)		Bacon				18. MOTNER'S NA	-	e, Maiden S	Surname)		
	BE	19a. INFORMANT'S NAME (1	Vpe/Print)		Dacon	19b. MAILIN	G ADDRESS (Str	2001 0.00	d Number or Rural	rolyn	'ity or Town	State 7in	Codel	
retained 5 should notified	임	Mrs. Suzann	Ho1ma	n					West S				3199	
may be or, page or, page		20a. METNOD OF DISPOSIT	ION			CE AND DATE	OF DISPOSITIO	N (Nam	ne of	DATE		ATION —		rn, Stata
9 8 0	. 1	1 ☑ Burlal 2 ☐ Crematic 4 ☐ Donetion 5 ☐ Other		oval from Stata	cemetery,	don P	ark Cer	net	erv	1/16	Ba1	timo	re .	Maryland
. Page ral direc		21. SIGNATURE OF FUNEBA	L BERVICE LIC	CENSEE	,	-	22. NAM	E AND	DADDRESS OF FA	CILITY				
ex e de A		1 160	e he	M Le	ph	-0			Byers I					mD 21133
to AF S		23. PART I. Enter Ma d	laceses, Dr	complications the	at ceueed the	death. Do								Approximate
Do in		ehock, or h		List Dnly Dne car								0		Onset and Death
within 24 in pletely fille cremation, the		disease or condition	<b>→</b>	TN-	TRA	CR	ANI	A	L.	TUN	101	(2_		MANTA
ompletel d. crema				DUE TO	OR AS A CON						- '			
	8	Sequentielly list conditi	ions	b										
ite be execute ysician and c prior to buria	CATION	If any, leeding to imme- cause. Entar UNDERLY	diete	DUE TO	DR AS A CON	SEOUENCE (	OF):							
phy phy	임	CAUSE (Disesse or inju		c. DUE TO	OR AS A CON	SEOUENCE (	OF):							
	RTIF	resulting in death) LAS	т	d										
the death y the atten d Mental	CE	PART ii Other elepities	nt condition	o operational per to	of a note to the		L. d.							
- 55	DICAL	PART ii. Other eignifics	in condition	e contributing to	deeth but n	ot resulting	in the under	lying	ceuse given in	Pert I. 24a	PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
tuires that signed by Health and DWS any	MEDI					_				1	YES 2	D NO		OF DEATH?
She een	-	DID TOBACCO U	SE CONIT	DIRLITE TO CA	UISE OF D	EATU V	EC II NO		LINICEDTAL		(		1	1 TES 2 NO
SICIAN: The law req certificate has been the State Dept. of I, or Item 23 sho	SICIAN	25. WAS CASE REFERRED TO		KIBUTE TO CA			ATN (Gheck only		UNCERIAI	иПТ				
Item	SC	EXAMINER?		HOSPITAL:			OTHER:		5 - Residence	8 C Other /So	moths)			
SICIA certif	РНҮ	27. MANNER OF DEATH		28a. DATE OF	FINJURY	28b. TII	ME OF 28c	. INJU	RY AT	28d. DESCRIE		JURY OCC	URED	
NG PHYS fer this cath with	ВУ Б		Pending Investigation	(MONI), L	ouy, rear)		M 1	WOR YE	ES 2 NO					
ATTENDING PHYSICIAN: The law GTOR: After this certificate has b s after death with the State Dept. 28 is marked, or item 23		3 Suicida 8	Could not be	28e. PLACE C building,	OF INJURY — Ai	home, farm,	streel, factory,	offica		281, LOCATIO	N (Street ar	nd Number	or Rural Ac	oute Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE	4 Nomicide	datarmined								, σισιο,			
	COMPLET		IFYING PNYSI	CIAN: To the best of	my knowledge	, death occur	red at the time,	data a	ind place, and dua	lo the cause(e	end mane	ner as atate	ıd,	
HOSPITAL FUNERAL within 72 TANT: If	Ö	one) 2 MEDI	CAL EXAMINE	R: On the beals of e	exemination and	or investigati	on, in my opinic	n, des	ath occured at the	lime, data and	place, and	dua lo lhe	cause(a)	and manner ee stated.
THE HO THE FU filed wit	ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	3 0 . 0					29c, LICENSE NUI	MBER	2	29d. DATE	SIGNED (	Month, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within 7	TO B	U.	law	1 KW					DZ	133	2	DJ	AN	12,95
· all	-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (	1 1		8 1	2211	77				
200,		31. DATE FILED (Month, Day,	Your)	32 BEGIETT	AR'S SIGNATUR		70. )	4	1011.	رد				
		100177	QQ5	In so difficult	her bard	ell.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALT	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within mounts after death,	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
8	after c	by the	vithin 72 hours after death with the State fleat of Health and Mental Horison prior to harial cremation or removal
	STA	.5	10 20
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9	S D	E.	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ecute	nd co	huria
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
		1. DECEDENT'S NAME (First, Middle, Last)	BAKER				2. DATE OF DEATH MONTH	DAY 9	S 1:30		
모		4. SOCIAL SECURITY NUMBER 213-02-9360	1 🗆 M 2 🕡 🗲	(In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	105	BIRTHPLACE (State or Country) Maryland	Foreign	
2, 3 should	ECTOR	3608 B	swick Home		96. CITY, TOWN	MOTE	EATH	9c. COUNT	Y OF DEATH		
permit. Pages 1,	DIREC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CIT	TY, TOWN OR LOCA				10d. INSIDE CI		
ell permit	FUNERAL	Maryland 100. STREET AND NUMBER			Balti:	f. ZIP CODE		1	1 X YES 2		
KYLAND 2225-118-118-118-118-118-118-118-118-118-11	BY	3608 Beech Aven  11. MARITAL STATUS  1 Never Merried 2 Married  3XXWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		NIC ORIGIN? (Specify )	U.S	I. RACE — American Inc Black, White, atc. Specify: White	dlan,	
	COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life, Do NOT u	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working Hie. Do NOT use retired.  HOMEMAKET  16b. KIND OF BUSINESS/INDUSTRY						
	BE CO	17. FATHER'S NAME (First, Middle, Lest)  Jesse	Mc Candle	SS			ME (First, Middle, Maide ophie P	ierce			
MA refain 5 sho	10	19a. INFORMANT'S NAME (Type/Print) Lealia Easton		196. MAILING 712	Pacifi	and Number or Rural I C Stree	Route Number, City or R	own, State, Zip Co More, N	Maryland	1	
Page 6 may be ral director, page 9		20s. METHOD OF DISPOSITION   X   Quriel 2	val from State	Slate Ri	dge Ceme	etery			y or Town, Steta Pennsylv	vania	
death fune		21. SIGNATURE OF BUNKRAL SERVICE LICE	RUMAN	(	Bur		outy ISS Fune:	ral Ho	ome 2121	11	
of rel		23. PART I. Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Finei disease or condition	ist only one ceuse on e	ech line.	not enter the mo	de of dying, suci	h ss cerdiac or rea	piratory arres	Interval		
within ppletel crema		resulting in deeth) e.	OUE TO (OR AS	A CONSEQUENCE O	Fi:	easpine	tine li	ing	204	ears	
certificate be executionally physician and Hygiene prior to bur other traumatte	RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
The state of the control of the cont	AL CE	PART II. Other significant conditions	contributing to death b	out not resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS A	IN AUTOPSY DRMED?	24b. WERE AUTOPSY AVAILABLE PRIO		
signed Health Ws and	MEDIC	Arthiosolerox	re				1   YES		COMPLETION DE OF DEATH?	F CAUSE	
The law ate has b ate Dept cem 23	SICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA		UNCERTAIN	<u> </u>				
PHYSICIAL this certification with the the the the the the the the the t	PHY	1 VES 2 NO  27. MANNER OF OEATH  1 N Netural 5 Pending	1 Inpatient 2 ER/Out	28b. TIM	IE OF 28c. INJ	PRK?	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	RED		
TTENDING TOR: After after death	тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, ferm,		YES 2 NO	261. LOCATION (Street City or Town, State	t and Number or	Rural Route Number,		
AL OR AL DIRE 22 hour	COMPLET		AN: To the beat of my know							stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  YN LABOR TO ADDRESS OF PERSON NEWS	greger	(1)		29c. LICENSE NUM ) /365		29d. DATE S ▶ Jan	HIGNED (Month, Day, Your Warry 16,1	995	
2		30. NAME AND ADDRESS OF PERSON WHO  TO DAS ELLE MAC.  31. OATE FILED (Month, Day, Year)	REGOR, 1	Keswick	Print) 700 0	v.40 K	St back	unity	Mary 16,19	111	
		SAN 17 1995	32. REGISTRAR'S SIGN	or Roll							
				-					DHMH-	-18 Rev 1/89	

The state of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR NORMAN BARNES PM 95 4:52 JAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig HOURS 1 X M 2 - F YRS. 220-20-6977 65 JULY 11 929 MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH UNIVERSITY S.T.U DIRECTOR BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 X YES 2 NO N/A permit. BALTIMORE CITY 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 817 MT. HOLLY funeral director, page 5 should be detached for use as the burial-transit 21229 USA. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th GRADE PARKING ATTENDANT UNIVERSITY HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ WILLIAM BE THOMAS MABLE BARNES notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY 0. BARNES 817 MT. HOLLY , BALTIMORE 2 MARYLAND 21229 2 20e. METHOD OF DISPOSITION
1 XX Burtal 2 Cremation 3 Removal from State death. Page 6 may 20b. PLACE \* NO DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must Zion 4 ☐ Donation 8 ☐ Other (Specify) \_ CEMETERY 1-13-95 BALTIMORE. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE n and completely filled in by the to burial, cremation, or removal. MD. hours after medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, Dr heart failure. List only Dne ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician I Mental Hygiene prior to the death certificate be cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 in ury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by the Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 YES 2 NO YES 2 | NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OR ATTENDING PHYSICIAN: The I DIRECTOR: After this certificate ha hours after death with the State DV HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 E 4 Nursing Home 5 Residence 6 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident
3 Suicide 1615HRS 1 YES BY Metruchide 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 261. LOCATION (Street end Number or Rural Route Numb City or Town, State) .00 6 Could not be COMPLETED Baltmor 4 Homicide determined Street 28 Vooduce item 29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) FUNERAL Within 72 I HOSPITAL = 2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DESS OF PERSON WHO COMPLETED CALLED OF DEATH (ITEM 27) (Type, Print) cods JAN. 8, 1995 2 HEDDORE M.KING 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

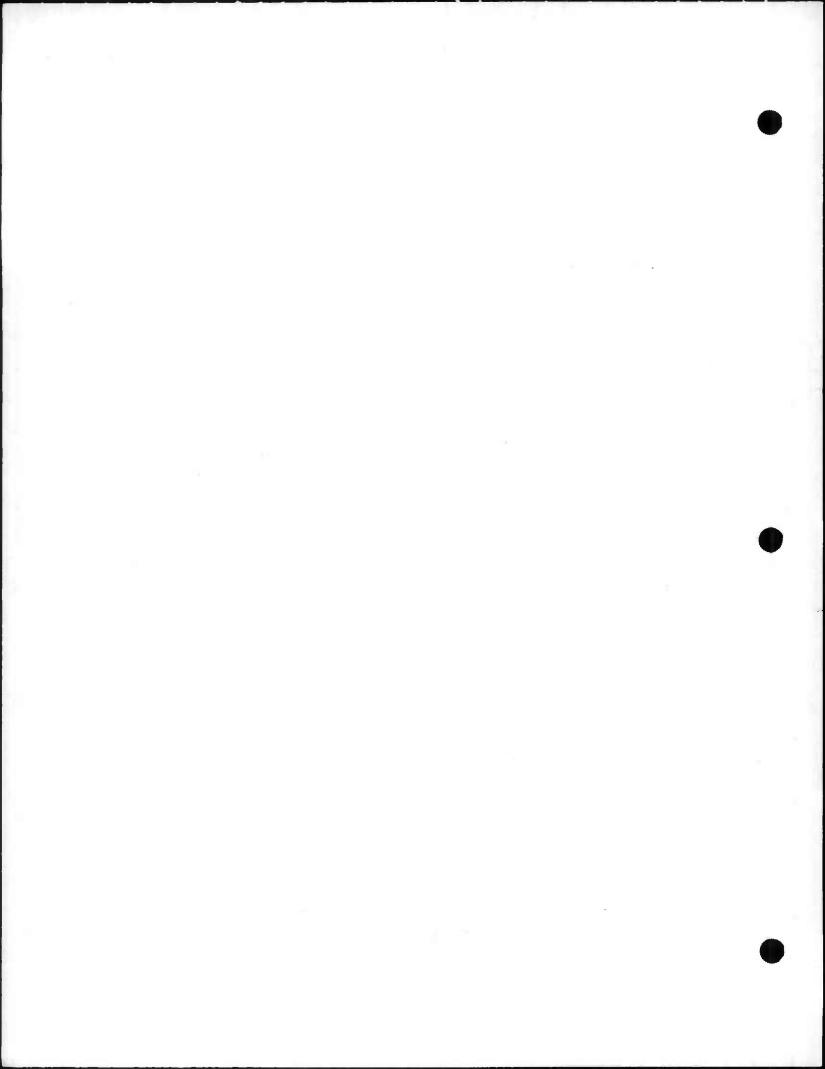
SOURCE SEE LAND TO MAIL

10 THE FUNEAL DIRECTOR: After this certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use ; be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must he motified as account.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	
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										9	5	00/08
	FOR  1 • STATE REGISTRAR	STATE OF N					IEALTH .		MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						DEAT		2. DATE OF DEATH	J		3. TIME OF DEATH
	Jame	s F.	Bell	Bell			Jan 15,	<sup>DAY</sup> 199	5 YEAR	11:15 A.M		
	4. SOCIAL SECURITY NUMBER 085-07-4000	5. SEX	6. AGE (In yrs. les	The state of the state of	IF UNDE	R 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	4044	8. BIRTI	HPI ACE /State or Familian
1	9a. FACILITY NAME (If not institution, give st			YRS.	ah CIY	Y TOWN (	OR LOCATIO	N OF DE		_		sachusset
<u>۳</u>	606 W. 40th						imor		AIH	9c, COU	INTY OF D	DEATH
RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CCTV TOWN OR A CCTV TOWN OR A CCTV TOWN												
DIRECTOR	Maryland	10d, INSIDE CIT										
1	10e. STREET AND NUMBER	Baltimore 1 🛣 YES 2 🗆 N  101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?										
EB/	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  11g. MAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian Proposed States of No 15. What seed the seed the seed of No 15. What seed the seed of No 15. What seed the s							and the second				
S.	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Specify V			E — American Indian, k, White, atc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	20		1 TYES	2 XNO	Specify	n, Puerto Rican, etc.)		Speci	White
	15. DECEDENT'S EDUC		16a, DE	CEDENT'S	USUAL C	OCCUPATIO	ON		16b, KIND OF BI	ISINESS/IN		WIITCE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of v Do NOT us	work done	during mo	st of working	. ~ 4 =	Tohns			5
ĕ Z	12	5+	and	The	cory	v Sc	Expe	ch	Unive	rsit	У	
8	17. FATHER'S NAME (First, Middle, Last)	1 5 1				11			ME (First, Middle, Malde			
BE	John Jose  19a. INFORMANT'S NAME (Type/Print)	ph Bel		- MAILING	ADDRES	P /Ctmat a		ste	er Wall			
2	Perra Bell		6	06 1	N 4	40+h	Str	cet	Balt	i mor	C N	21211 <sub>and</sub>
5	20s. METHOD OF DISPOSITION	and trees flat.	20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DATE 20c. L	OCATION -	City or To	wn, State
	Commetter Comm								Maryland			
	21. SIGNATURE OF PUNERAL SERVICE LIC	22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211										
	Mymn K	Jurge	Hens	2		3631	Fal	ls	Road, B	alti	more	Maryland
	23. PART I. Entar/tha diseases, or c shock, or heart fallure. I	omplications that List only one caus	causad the da	ath. Do n	ot anta	r tha mo	da of dyin	ig, suci	n as cardiac or resp	oiratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	11	/		0	,		0			/	Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	UENCE OF	7:	_0	Co	, V	an Car	0	7 500	24
z					,							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE OF	F):							
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	n.							
F	resulting in death) LAST			, , , , , , , , , , , , , , , , , , ,	,							j
0	PART II. Other significant conditions	o contribution to	death hut ant a		- 40	- 1 1 1 1						
MEDICAL	The state of the s	contributing to	seath but not r	esuiting i	n tha u	naanying	causa gr	ven in	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED									1 TYES	2 DINO		OF DEATH?
2	DID TOBACCO USE CONTR	RIBUTE TO CAL	JSE OF DEA	TH YE	s 🗆	NO [	UNCE	RTAIN				1 PYES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT	'H (Check	only one)						
PHYSICIAN:	1 TES 2 THE	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		5 Red	dence	a Other (Specify)			
4	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIMI INJ	URY	-	RK?		28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 1 YES 2 NO							Procto Mombae					
TED	a Could not be 4 Homicide datermined	building, a	rtc. (Specify)						City or Town, State		Or Fibrer Fi	NOTE NOTION.
COMPLET	29e. CERTIFIER (Check only	DAN: To the best of r	ny knowledge, de	eth occurre	d at the t	time, date	and place, a	and dua	to the cause(a) and ma	nner as ste	ted.	
OM	one) 2 MEDICAL EXAMINER											) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LICEN	ISE NUM	BER	29d, DAT	E SIGNED	(Morith, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLSE OF DEATH LIVEN OF CHAPTER OF THE CALLSE OF DEATH LIVEN OF CHAPTER OF											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

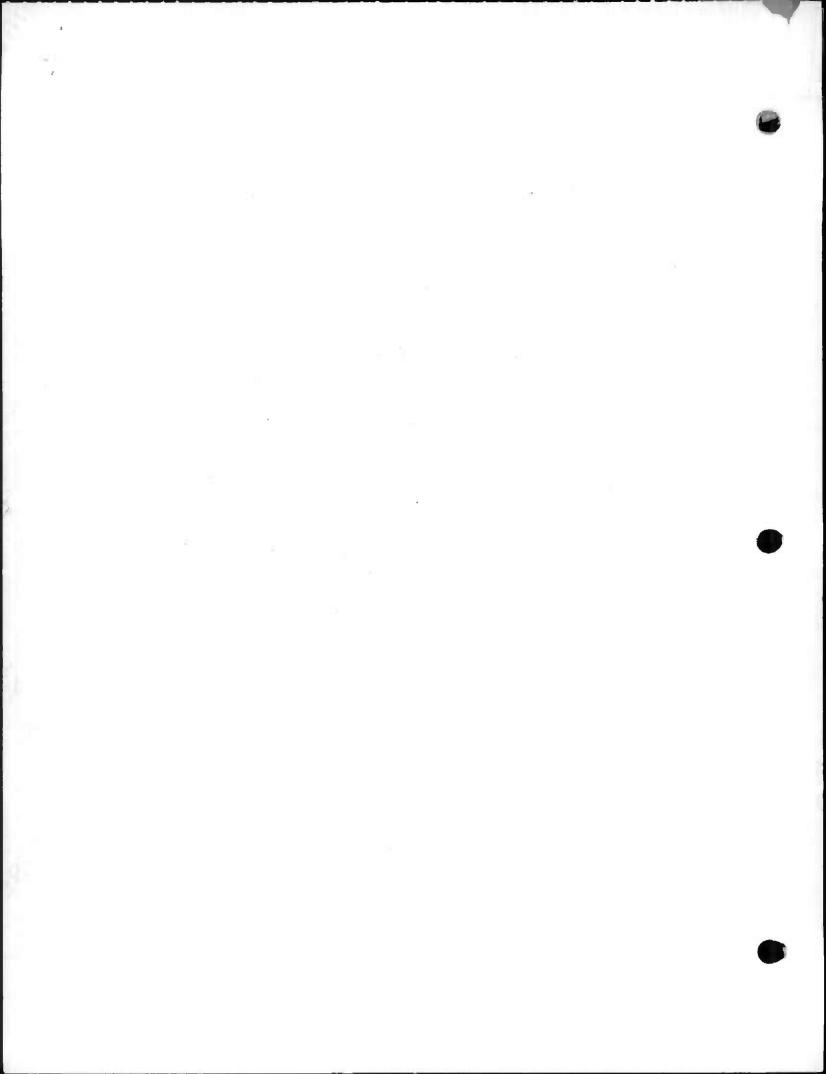
Dr. William Howard Union Memorial Hospital Baltimore, Md 21218



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

							2 4 11 0.	V~! L	<u> </u>	PEAI			HEG. NO.			
		1. DECEDENT'S NAME (First		205	0							2. DATE O	DA	,	YEAR	. TIME OF OEATH
*		4. SOCIAL SECURITY NUMBER		S. SEX		in yrs. lest b	irthrlau)	IF UNDER t	VEAR	IF UNDER	34 MB¢	Jan 7. DATE O	13		15	ACE (State or Foreign
	33	212-05-4154		1 M 2 D F		y/a. xaat 5		MONTHS	DAYS	HOURS	MIN.	(Month,	Day. Year) 16,19	10	Country)	
Should		9a. FACILITY NAME (If not in		22	84			9b. CITY,	TOWN C	OR LOCATIO			10,19		MARY]	
2, 3	OR	ST. AGNES HOSPITAL BALTIMORE														
₹	ЕСТО	RESIDENCE OF DEC	10b. COUNT	,			40 - 01714	701101 00								
Page	DIR	MARYLAND		ALTIMORE			10e. CITY, TOWN OR LOCATION  BALTIMORE								DI. INSIDE CITY LIMITS?	
permit, Pages	AL C	10e. STREET AND NUMBER		TIDITIONE		101. ZIP CODE						10a, CITIZ		YES 2 X NO		
1Sit	ER/	1019 ELMRID	GE AVE	NUE						21229	9			U.S.		
020 physician. burial-transit	FUNER	11. MARITAL STATUS		12. WAS OECEDEN FORCES? 1	T EVER IN	IN U.S. ARMED  13. WAS OECENOENT OF HISPA  2 X NO  14 yes, specify Cuban, Mexic				F HISPANI	IC ORIGIN?	(Specify Yea		14. RACE -	American Indian,	
21215-0020 if or attending physic for use as the burial	BĄ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y				1	YES	2 X NO	n, Mexican Specify				Specify:	WHITE
r atter		15. DEC (Specify and	EDENT'S EOU-	CATION completed)		16a. DECE (Give	dalmed ad	a -1. at at	1-1		9	16b, K	IND OF BUS	INESS/IND	USTRY	
	COMPLETED	Elementary/Secondary (0	2	College (1-4 or 5 YRS	+)	GENER T	AL S	SUPER SPORT	XIS ATI	IOR ON		ВА	LTIMO	RE GA	AS & I	ELECTRIC
₩ 8 8 × ×	ш	17. FATHER'S NAME (First, M JOHN BAER	liddle, Last)									ME (First, Mic N ELY	ddie, Maiden S	Surname)		
MARY retained by 5 should be notified at	10 B	19a. INFORMANT'S NAME (7				19b. R	MAILING A	ADDRESS	(Street a	nd Number	or Rural R	loute Number	, City or Town	, State, Zip	Code)	
	-	BONNIE KENN				6	034	MOOR	EHE	AD RO	OAD ·	- CAT	ONSVI	LLE,	MD 2	1228
DOR 10. I		20s. METHOD OF DISPOSIT	n 3 🗌 Rem	oval from State	ceme	PLACE AND DETERMINE CA	story or oth	er placel			RV	1/17		LTIMO	Olty or Town.	, State
TIM Page ral direc		21. SIGNATURE DE FUNERA	L SERVICE LIC	ENSEE /	1	01	2	22. N	AME AN	O ADDRES	S OF FAC	CILITY			)KE	
0 = 0		M/ //	(eno	L	1	44							E, IN		, MD	01000
B hours after of in by the or removal.		23. PART I. Enter the d	iseeses, or o	omplications in	d.cerised	the death	Do no	ot enter t	he mo	de of dyla	ng, such	as cerdia	C or respir	atory arr	est,	21229 Approximate
		immediate cause (Fir	nel .	List only one cau												Interval Between Onset and Death,
tery trati		disease or condition realiting in death)  Terminal cancer of the pancreas  Due to (or as a consequence of):  Sequentially list conditiona, if any, leeding to immediate our of the pancreas  OUE TO (or as a consequence of):  OUE TO (or as a consequence of):										6 month				
N 8 5 7 6	Z			acute	Ren	nal	fai	elw.	20	. 11	TA	Sep.	515			in days
	CERTIFICATION	Sequentially ilst condition if any, leeding to imme	diete	OUE TO	(OR AS A	CONSEQUE	ENCE OF)				1	. 4.				1000
D & & & F	FIG	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									10 days					
P.O. B ath certificat tending phy al Hygiene p	FE	resulting in death) LAST Peritantis										In daws				
DS, P he death he atten Mental H	- 1	DART II ON I III-														1000
L man	EDICAL	PART ii. Other significe	ont condition	s contributing to	death bu	ut not res	ulting in	the und	deriying	g cause g	ilven in F	Part i. 2	PERFORI		AW	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
signed Health	EDI											—   ¹	YES 2	□ NO	Of	OMPLETION OF CAUSE F DEATH?
She she	Σ.	DID TOBACCO U	SE CONTI	RIBLITE TO CA	LISE O	F DFATH	4 YES	П	IO [	LINC	FDTAIN				t	YES 2 NO
ITAL RE N: The law required has been State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?				28. PLACE				7 01101	LKIAII	_ عر			<u> </u>	_
F VITA SICIAN: The certificate if the State i, or item	SIC	1 VES 2 NO		HOSPITAL:	ER/Outpe	etlent 3 🗆		OTHER:		e 5 🗆 Res	sidence 8	8 Other	Specify)	-		
ON OF VI.  ING PHYSICIAN: ther this certifical eath with the St marked, or it	ву РНУ		Pending Investigation	28a. DATE OF (Month, E		2	28b. TIME INJU			URY AT RK? YES 2 [	NO NO	28d. DESCI	RIBE HOW IN	JURY OCC	URED	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law PECTOR: After this certificate has I then after death with the State Dept Then 28 is marked, or item 23	G	3 Suicide a	Could not be determined	28e. PLACE Coulding,	etc. (Speci	— At home	, farm, sti	reet, factor	ry, office	•		281. LOCAT City or	ION (Street ar Town, State)	nd Number	or Rural Rout	e Number,
OIV	PLET	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowle	edge, death	occurred	at the tim	ne, date	and place.	and dua I	to the cause	e(a) and man	or an state	ıd.	
HOSPITAL	S.															nd manner as stated.
M PO THE H	98	296. SIGNATURE AND TITLE	0 8		ur.	M	0.			29c. LICEI	NSE NUM	6 2		≥3d. DATE	SIGNED (M	onth, Day, Year)
)	2	30. NAME AND ADDRESS OF	Tav	COMPLETED CAU	900	ATH (ITEM 2	ato	Print)	ve	5			nes 1	105	pital	
. 1	ľ	31. DATE FILED (Month, Day,	0	32. REGISTRA	R'S SIGNA				_			0				
		JAN 1 7 19	95 Ju	his d'huches	Rand	all -										

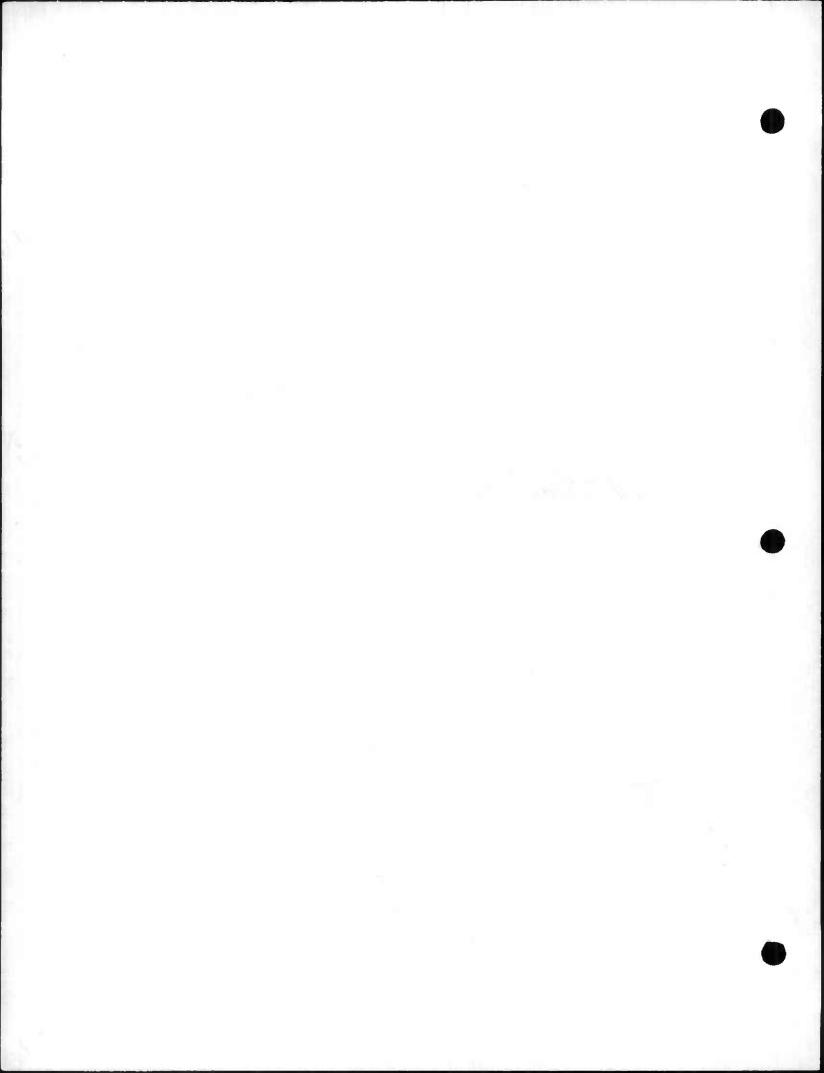


DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARILAND SIZIS-0020	ar death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit	il examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FULL PROPERTIES OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit to mind with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or remonal.	IMPORTANT IN LEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY DHYSICIAN: MEDICAL DEBTIED ATION

Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF H	EAUTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	CHARLES COVINGTO	ON BARRETT				JAN		5, 19	YEAR	1:15 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u> </u>	O. BIRTH	PLACE (State or Foreign
	215-32-6084  9e. FACILITY NAME (If not institution, give	1 M 2 F 60	) YRS.	MONTHS DAYS	OR LOCATION OF D	MA	h, Day, Year) Y 23,1	934		ARYLAND
DIRECTOR	MERIDIAN NURSING	ON)	TOWSON				9c. COON		LTIMORE	
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	MARYLAND BA	ALTIMORE		BALTIMORE				10g. CITIZEN OF WHA		
FUNERAL		3303 KESSLER COURT				101. ZIP CODE 21227				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED 2 NO DATES						y Yes or No — 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION done during mo	ON st of working	166	. KIND OF BUS	INESS/INDU	JSTRY	
COMPLETED	(Specify only highest grade completed)  Elementarry/Secondary (0-12)  11TH GRADE  (Give kind of work done during most of working life. Do NOT use relied.)  SALESMAN  CANDY & TOBACCO								SALES	
Ö I	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First,	Middle, Malden	Surname)		
BE (	JAMES CARROLL BA	RRETT			KATHER	INE	L. LAW	S		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				Code)	
	MRS. EILEEN BARR				COURT -	BALT	IMORE,	MD	2122	27
20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE DISPOSITION (Name of Competent Comp										vn, State
9	M. The	ef loter	rav		WILKENS				E. M	D 21229
N	snock, or heart failure. List only one cause on each line.									Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	ns contributing to death	but not rasulting li	n the underlying	cause given in	Part i.	24a. WAS AN / PERFORI 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YES	S NO	UNCERTAI	N X				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PLACE OF DEATI							
ה	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	petient 3 DOA	OTHER: 4 Whursing Home	5 - Realdence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	RIC?	26d. DES	CRIBE HOW IN	JURY OCC	JREO	
	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home form at		ES 2 NO	201 1 00	ATAONI (Dec. )	-1414		
ED	3 Suicide 8 Could not be detarmined	building, etc. (Spe	cify)	reet, factory, office		City	ATION (Street as or Town, State)	nd Number o	r Hurel Pe	oute Number,
		SICIAN: To the best of my know ER: On the besis of examination								and manner as stated.
DE	296. SIGNATURE AND TITLE OF CERTIFIE	R D	, ~		29c. LICENSE NUI	MBER		29d. DATE	SIGNED	Month, Day, Year)
5	>tuant	& 13 roge	- mi	)	0004	67		1/	16	195
	DR. STWUART BI				RD-SUIT	E 302	דוו.ו – י	HERV	T.I.F	,MD21093
	JAN 1 7 1995 Ju	32. REGISTRAR'S SIGN				_ 302	. 101		-11111	,21093



BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760,

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Item #1, 10e Film # G 719 1-17-95 N.A. Per funeral Home

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE C	PEATH	REG. NO				
	Patricia		rgma	n		2. DATE OF DEATH MONTH	AY S	YEAR 3.	9.20 am	
	4. SOCSAL SECURITY NUMBER 217 34 8483	5. SEX 6. AGE	(In yrs last birthday)  YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Dec. 12,19	237	8. BIRTHPLA Country) Mary	ACE (State or Foreign	
	9e. FACILITY HAME (If not institution, give st	reet and number)		9b, CITY, TO	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA					
OR	Harbor Hospita	1 Center			Baltimore ======					
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10- 017	Y, TOWN OR LO	0.17:01:					
DIRECTOR	102.000111	timore		1timor			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 4124 Annapolic	4124 Annapolis	RD.	10f. ZIP CODE 21227			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
<u>z</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I	H U.S. ARMED	13. WAS	DECEMBENT OF HISPAI	NIC ORIGIN? (Specify Yes			American Indian.	
								hite, atc.		
ВУ	3 X Widowed 4 Divorced		71.00	1	TES 2 NO Specif	у.		Specify:	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUP	ATIOH most of working	16b. KIND OF BUS	SINESS/IHC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)			most of working					
MP	12th		Assemb	TY Wor	ker	Book E	Binde	ry		
	17. FATHER'S HAME (First, Middle, Last)	wrillo Cur E	\m.s.1.1			ME (First, Middle, Maiden				
BE		rville Guy F				ry Ellen Le				
2	19. INFORMANT'S NAME (Type/Print)  Lawrence Bergman	n .Tr		BOX 202		Route Number, City or Town				
.	20a. METHOD OF DISPOSITION					oro, Delaw				
	1 X Buriet 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE ( Telery, crematory or o Ten Have:	n Memo:	rial Park		1/18 Glen Burnie, Maryland			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.										
	Horna 7	1 Frames	sushi						21225	
	23. PÁRT i. Enter the diseases, or campb etions that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest.									
shock, or heart fellure. Let only one ceues on each line.								Interval Between Onset and Death		
1	disease or condition recuiting in death)	Candre	1992W	ce,	shock					
	DUE TO (OR AS A COMEDUENCE OF):									
No	Sequentielly list conditione,  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CATATU !	Y /7 / /	0 2-	Acres 1	disca	10		,	
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	FI: O	en	meea	hal-te_	_		
E	resulting in deeth) LAST	H MMOI	tons	wor	1					
	BADT II Oshoo significant and distant		المال المال							
EDICAL	PART II. Other aignificent conditions	contributing to death b	out not reculting	*	/ -	// pencon		AVA	RE AUTOPSY FINDINGS IILABLE PRIOR TO	
ă	Autoriemen	- areno	wow	e Covu	hovasen	1 TYES 2	NO		MPLETION OF CAUSE DEATH?	
Σ	distan			/				10	YES 2 NO	
Š	DID TOBACCO USE CONTR				UNCERTAIL	10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:	ne)					
1×S	t   YES 2 HO	Inpatient 2 ER/Outs			fome 5 - Residence					
- 1	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCC	CURED		
BÝ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, s			281, LOCATION (Street a	and Number	or Rural Bouta	Number	
ETED	8 Could not be detarmined	building, etc. (Spec	city)			City or Town, State)		or riorer riodie	representation,	
립		HAN: To the best of my know								
29a. CERTIFIER (Check only one)  2 IMEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									d manner se stated.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Morgin, Day, Year)								rjth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (7/200.	Print)	1115 24	41814-15	1	1161	195	
	AKRAM AC-MAK	KI, Harl	wor H	ospil	tal con	ter, Bo	elli	more	CM,	
	JAN 1 1995	32. REGISTRAR'S SIGH	ATURE							
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d by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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CERTIFICATION

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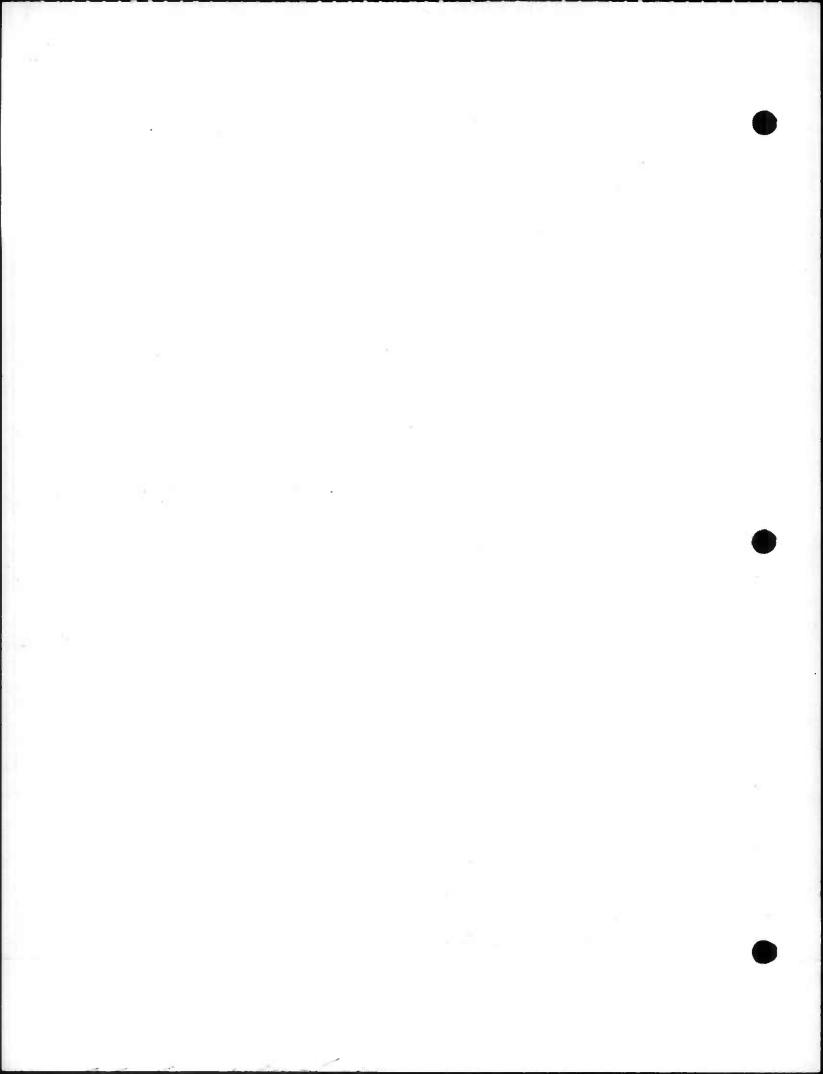
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3	2	
etained	should.	
lay be r	page 5	
THENDING PHYSICIAN: The law requires that the death certificate be executed within an nours after death. Page 6 may be retained	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	
feath. P	funeral	
after	y the	moval.
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ires tha	signed t	were lifter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
requ	Ben	jo
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STATE 10a. STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTH 3. TIME OF DEATH BILLINGS YEAR MAE J. JAN. 1995 10:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURA 1 M 2 XF YRS. 85 219-12-6251 AUG. 8, 1909 MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4208 OAK ROAD BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4208 OAK ROAD 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married Specify: WHITE 1 TYES 2 TXNO Specify 3 🔀 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 8 OWN HOME 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) NICK REUWER ETHEL DERENBERGER 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) EDWARD M. BILLINGS 4208 OAK ROAD, BALTIMORE, MARYLAND 21227 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State DATE CHESAPEAKE CREMATORY 1-16-95 4 Donation 5 Other (Specify) BELTSVILLE, MD. 20705 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY tull BRADLEY-ASHTON FUNERAL HOME, INC. 2134 WILLOW SPRING RD. BALT. MD (au 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequantislly list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 34s. WAS AN AUTOPSY 346. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 WAY I VES 2 THO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN-25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL OTHER: 1 VES 2 WO 1 | Inpetient 2 | ER/Outpetient 3 | DOA Home 5 1 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 | Netural 1 YES 2 NO 2 Accident **Immatigation** 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 3 🔲 Sivitide 29s. PLACE OF BUJURY — At home, farm, street, factory, office building, stc. (Specify) # Could not be 4 | Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of ani method system investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TUTLETOF DESIGNATURE 29c. LICENSE NUMBER 29d, DATE SIGNED (Mon 9 02009 (MY) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM mp Charty 8 31. DATE FILED (Month, Day, Year) 32. REGISTRAN



BALTIMORE, MARYLAND 21215-0020

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RECORDS, P.O. BOX 6876	certificate
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PHYSICIAN:

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De filed within 72
IMPORTANT: B

1 YES 2 NO

6 Could not be determined

27. MANNER OF DEATH

Natural

2 Accident

3 Suicide

4 Homicide

Pages 1, 2, 3 should permit. page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. notified Pe must director, 1 examiner funeral n by the fi medicai in by 6 completely filled rial, cremation, o \$ event, 1 and corr traumatic the attending physician a Mental Hygiene prior to other 1 -0 any Injury, and a signed Health Shows been t. of has be Dept. Item 23 certificate to the State 10 the this c marked, After 959 HOSPITAL OR ATTEND FUNERAL DIRECTOR: // after 28 DOURS Item

95 00713 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH **EDWARD** BARDNEY JAN 06 1995 8:35A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreig DAYS HOURS 212-44-3827 1 [X] M 2 [] F YRS 48 MISSISSIPPI JAN 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 634 PITCHER ST N/A Baltimore City. 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? N/ABALTIMORE CITY MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 634 PITCHER STREET 21217 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10th GRADE UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BARDNEY **EDWARD EDNA** MOORE M 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code, 2 1026 ARGYLE AVENUE, BALTIMORE, MARYLAND 21201 WILLIE BARDNEY 20e, METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 206. PLACE AND DATE OF DISPOSITION (Name of MI ZION CEMETERY 4 Donation 5 Other (Specify)... BALTIMORE, MARYLAND 1-13-95 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . HYPERTENSIVE APTERIOSCLEROTIC CARDIOVASCULAR resulting in death) DISEASE CERTIFICATION Sequentially list conditions, DUE TO JOR AS A SONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MELLITUS

YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 - NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one) OTHER:

HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify)

26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)

26d, DESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER O.C.M.E.

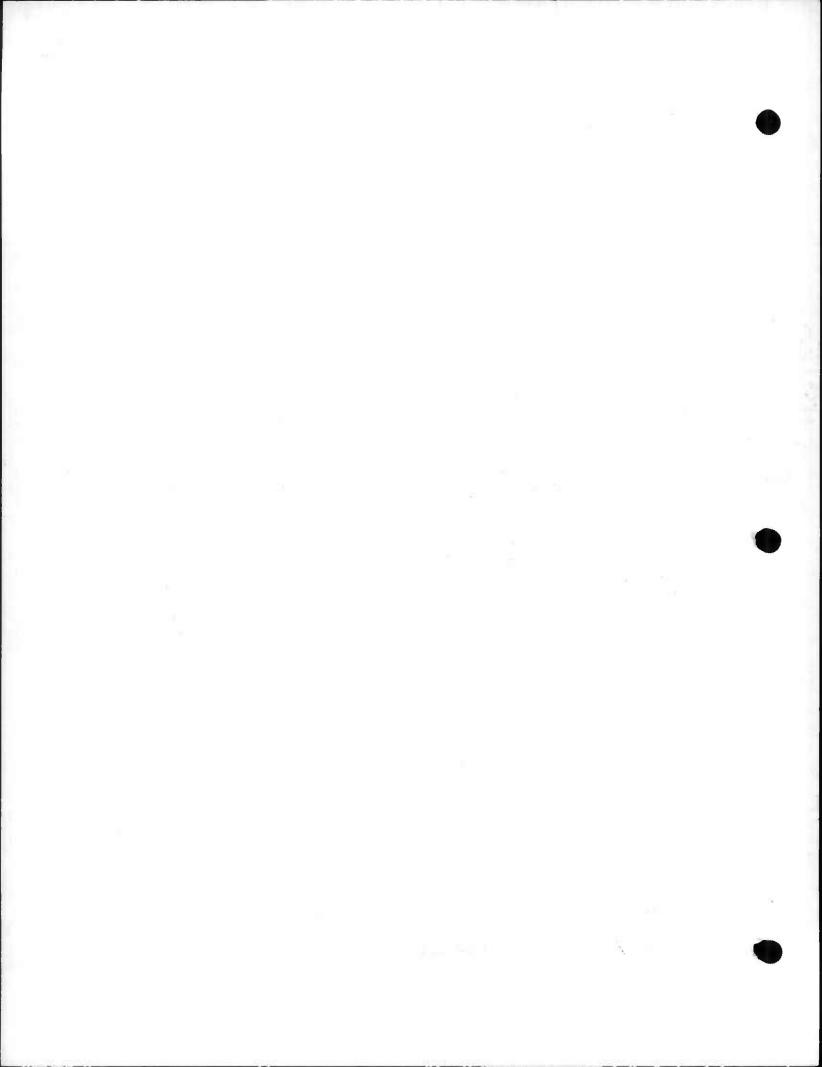
Penn Street, Baltimore, Maryland 21201.

29d. DATE SIGNED (Month, Day, Year) JAN 06 1995

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day,



II) THE WINDS ATTENDED TO THE WAY A PROPERTY OF THE WINDS AND THE WAY ABOUT THE WAY AB	Of HENNEY OFFICE AND A Short A	be fined within 72 hours after death and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANC II he same have a liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR		STATE OF N							MENTA	L HYGIEN				
	1 DEPENDENTIO MARIE (Clast Attable Local)										3. TIME OF OEATH				
	ERNEST W. BOISVERT JAN 12								1	995					
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDE	R 1 YEAR	R IF UNDER 24 HRS. 7, (			OF BIRTH			LACE (State or Foreign	
	049-07-2654		1 🛛 M 2 🗆 F	7.5			MONTHS DAYS HOURS MIN.			0 CT. 22 19		Country)			
	9a. FACILITY NAME (# not inst		15.0	Oh CIT	V TOWN (	20100171	011 05 01		. 44 1.	COMMEDIATOR					
<u> </u>	324 SHADY		PASADENA												
6	RESIDENCE OF DECE			ASAL	DENA				ANN	E ARU	NDEL				
E	10a. STATE		10c, CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY			
DIRECTOR	MARYLAND ANNE ARUNDEL PASADENA									LIMITS?					
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT														
HA.	324 SHADY L	ANE					10	2112						IAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	ANL	40 1440 050505									US			
교	1 Never Married 2 M	larried	12. WAS DECEDEN FORCES? 1	X YES 2	NO	13.					N? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.	
8	3 Widowed 4 Olvoro		IF YES, GIVE W	AR OR DATES	OR DATES 1 TYES 2 X NO Specific					y:	,		Specify:	octly:	
	15 DECE	DENT'S EOUG	WWI	-		1								HITE	
	(Specify only I	highest grade	completed)	(	Give kind of the Do NOT us	work done	durina ma	ON ast of worldr	g	16	. KIND OF BUS	INESS/INC	USTRY		
12	Elementary/Secondary (0-1)	2)	College (1-4 or 5 +	·)							110 050	- 0			
COMPLETED	12	W. A. C.		(	<u>ARTOG</u>	KAPI	11						- AGR	ICULTURE	
	17. FATHER'S NAME (First, Midd							111111111111111111111111111111111111111			Middle, Meiden				
H			IL BOISV						DEL I			ILLA			
2	19a. INFORMANT'S NAME (Typ					ADDRES	S (Street a	nd Number	or Rural I	Route Num	ber, City or Town	, State, Zip	Code)		
-	FANNIE BOISV				324	SHAL	<u>)Y_L</u> A	NE P	ASAD	ENA,	MD 211	22			
	20a. METHOD OF DISPOSITION  1 © Burlai 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary or other place)  ARL INGTON NATIONAL CEM 1/17/95 ARLINGTON, VIRGINIA														
	21. SIGNATURE OF FUNEAL SERVICE LICENSE 1														
	STALLINGS FUNERAL HOME P.A.														
	Hilary L. Stallings/Jr. 3111 Mountain RD. Pasadena, MD 21122  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaplratory arrest,   Approximate									122					
	23. PART I. Entar the disc shock, or hes	esses, or c art fallure. 1	omplications that List only one cau	caused the d	leath. Do r	not ente	r the mo	de of dyl	ng, suci	h sa can	diac or reapli	ratory arr	est,	Approximate	
	IMMEDIATE CAUSE (Final														
	disease or condition resulting in death)	- Small	cell	lui	<b>15</b>	auce	10					1 year			
					CONSEQUENCE OF):									1 000	
z															
ERTIFICATION	Sequentially list condition if any, leading to immedia	ns, ate	DUE TO	UE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or injury		с												
	that initiated events		DUE TO (OR AS A CONSEQUENCE OF):												
8	resulting in death) LAST														
O	PART II Other significant	conditions	contributing to	dooth hut not	an avalate a	In Africa		- 24100-							
ZA!	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO										WAILABLE PRIOR TO				
ă	1 ☐ YES 2 ☑ NO COMPLETION OF CAUSE														
M	1 YES 2 NO														
HYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN														
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL	26. PLA	CE OF OEAT				/						
SI	1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		. 5 Re	sidence	6 Othe	r (Specify)				
ΞI	27. MANNER OF DEATH	INJURY ty, Ybar)	28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIBE HOW INJURY OCCURED							
M.	1 Natural 5 Pe	iy, rour)	1193	M	_	ES 2	NO								
	3 Sudoldo	ould not be	28a. PLACE OF	F INJURY — At h	ome, farm, s	treel, fac	tory, office			281. LOCATION (Street and Number or Rural Route Number,				ite Number,	
9		termined	bullaing,	etc. (Specify)					- 1	City	or Town, State)				
7	29a. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the best of	my knowledge 4	eath con-	od as the	lime det	and elec	and A	1- 15					
COMPL															
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER														
8	POR AND TITLE O	CENTIFIER /	2.	1) 0	,			29c. LICE		1100		29d. DATE		fonth, Day, Year)	
2	Laurence Gustin Hagle MB D23809 > 1/13/95														

Laurence Questin Dayle M. 8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ausha

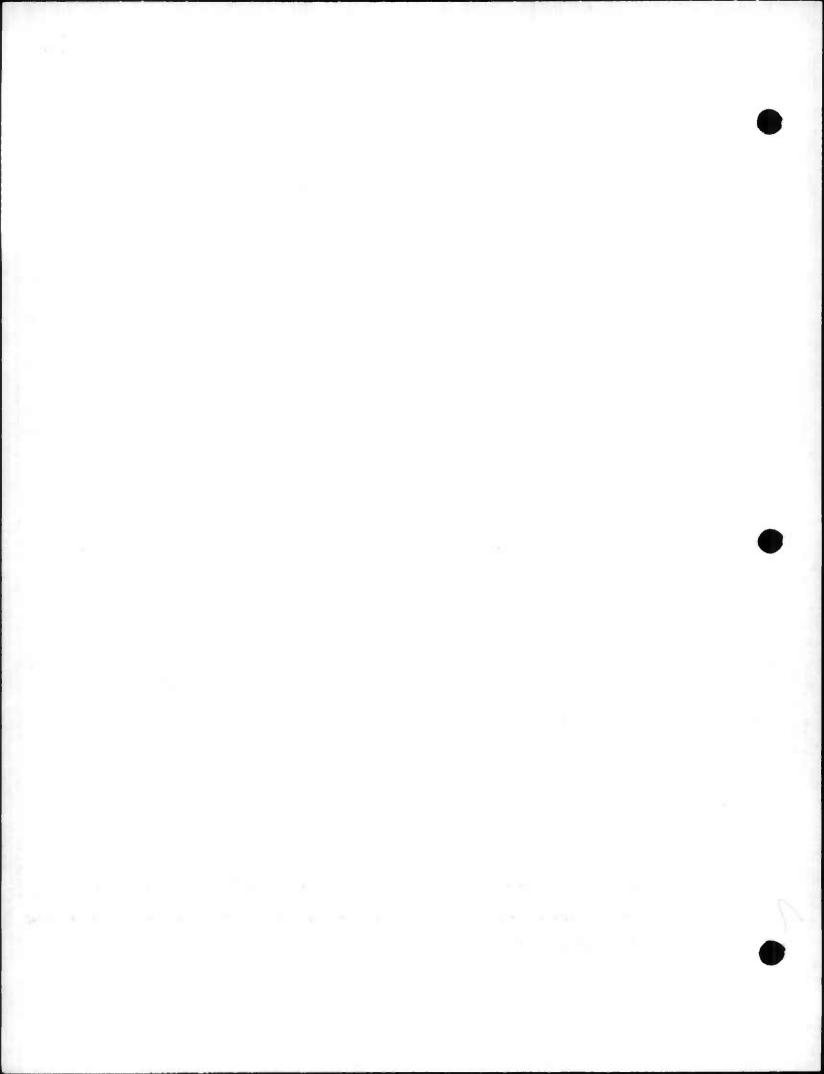
Dayle, ma, L 32. REGISTRAR'S SIGNATURE

JAN 1 7 1995

University of MD. Caucar Ctr.

Balt, MD

22 S. Greene St.

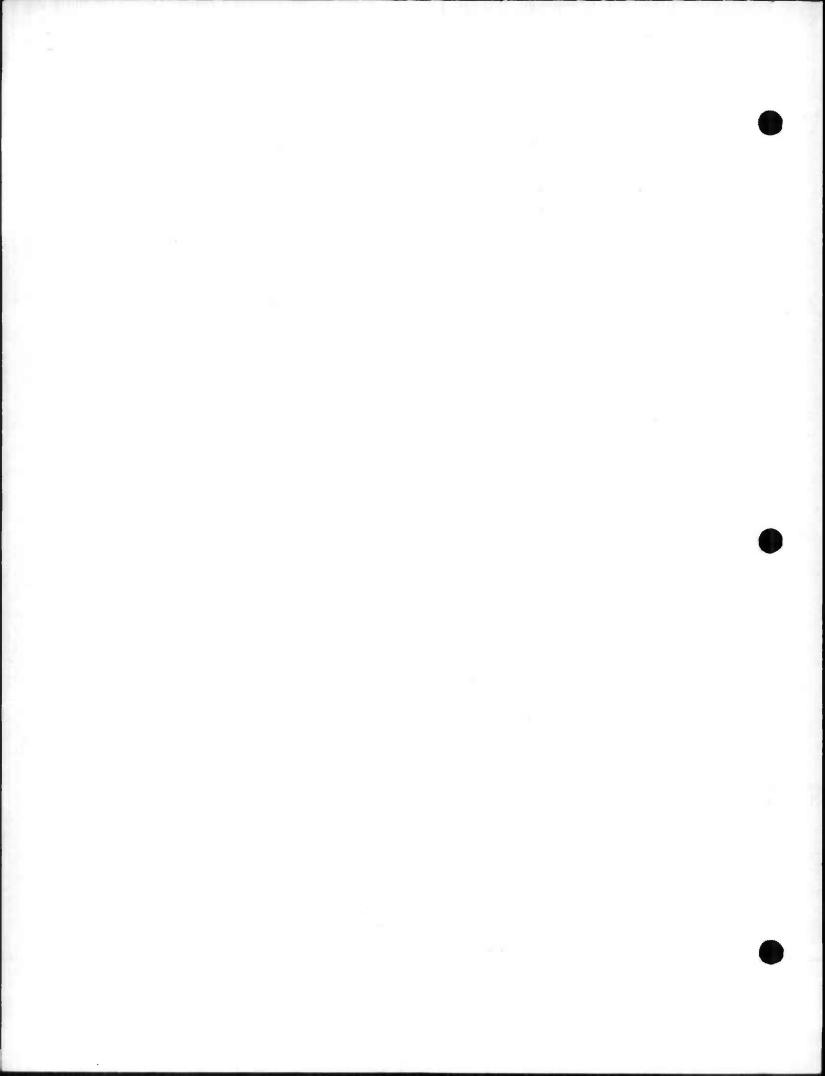


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I PREMIUDAN: The law requires that the death certificate be executed within service	N S	th with the	

HOSPITAL OF THE JOHN THE TAKE THE THE FEATURES THAT THE GEATH CERTIFICATE DE EXECUTED WITHIN SETTIONS After NEGATION FOR THE THE THE THE THE THE THE THE THE THE	FUNERAL DIPLEMENT AND SECOND TO THE MEDICALE BY THE ATTENDING PHYSICIAN AND COMPILERY filled in by the funeral director, page 5 should be detached for use as the burial-fransit permit, Pages 1, 2, 3 should	within 72 hours.	TANT, it item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.
TO THE HOSP	TO THE FUNE!	be filed within	IMPORTANT
			- 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	t. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH										
	11 hry 4 pares 1. 13 as 3 4										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   8. BIRTHPLAN   MONTHS   DAYS   MOURS   MIN (Month, Day, Way)   Country)										
	235 30 4252 1 DM 2 DAYS MONTHS DAYS HOURS MIN. (MONTH, Day, 1847) 5 (Country)										
_	9e. FACILITY NAME (If not institution, give street and number)		, TOWN OR LOCATION OF DE	ATH 9c. CO	UNTY OF DEATH						
DIRECTOR	Lorien Riverside Beloamp Harford.										
E	RESIDENCE OF DECEDENT  10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY										
I E	Md. Baltimore		Essex		LIMITS?						
	10e. STREET AND NUMBER		10f, ZIP CODE	10a. Ci	1 YES 2 NO						
IR/	303 Nicholson Road			221	USA						
FUNERAL	1t. MARITAL STATUS 12. WAS DECEDENT EVER II	U.S. ARMED 13.	WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee or No-	14. RACE American Indian.						
	1 Never Married 2 Merried FORCES? 1 YES	2- NO	Il yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc.  Specify:						
) BY	3 🔀 Wildowed 4 🗆 Divorced		X		White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USUAL O (Give kind of work done	CCUPATION during most of working	16b. KIND OF BUSINESS/IN	NOUSTRY						
4	Elementary/Secondary (0-12) College (1-4 or 5+)	ife. Do NOT use retired.)									
ME	8th  17. FATHER'S NAME (First, Middle, Last)	Salesperso									
	TO ANY ANY DESCRIPTION OF THE PROPERTY OF THE			ME (First, Middle, Melden Surname) a Gloner							
H	Ward Edgell  190. INFORMANT'S NAME (Type/Print)	10h MAII INO ADDRES		Route Number, City or Town, State, 2							
2	Anna Shriver	303 Nich	olson Road	BAltimore Md.	21221						
		. PLACE AND DATE OF DISPOS	SITION (Name of	DATE 20c. LOCATION -	- City or Town, State						
	1 N Buriel 2 Cremation 3 Removal from State Cen	etery, crematory or other place) [umberport C			ort W.VA.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NAME AND ADDRESS OF FA		31 0 W V V V V V V V V V V V V V V V V V V						
	PR Tune	/// c	Connelly Funeral HOme of Essex								
	300 Mace Ave. Baltimore Md. 21221										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, and the shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition Correlate Value of Acceptant										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cerubro Valcular Accedurí  DUE TO (OR AS A CONSEQUENCE OF):  The transfer utribute being the conditions.										
-	- In We	Whalehad	heinbeley		stores						
CERTIFICATION	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	Cause, Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated eventa DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF):									
H	d										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	Is I Bleeding Hyperlenkon										
B	V V										
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check color one)										
Sic	EXAMINER?  1 YES 2 PINO  HOSPITAL:  1 Inpatient 2 ER/Outs	atlent 3 DOA 4 Num	R: sing Home 5 - Residence	6 Other (Specify)							
동	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCURED							
BY	1 Netural 5 Pending 2 Accident Investigation	М	1 YES 2 NO								
	building etc. (Spe	- At home, ferm, street, fec	tory, office	281. LOCATION (Street end Numb City or Town, Stete)	end Number or Rural Route Number,						
	4 Homicide determined	-									
COMPLETED	29e, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	to the cause(e) end menner ee stated.									
18	one) 2 MEDICAL EXAMINER: On the beele of examination	n end/or investigation, in my	opinion, death occured at the	time, date end place, end due to	the ceuse(e) end menner as stated.						
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER	TE SIGNED (Month, Day, Year)									
TO B	Whitan mo		D320	609 1/14/as							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		14- 01	11 0	6						
			volution st	Harre De	Bu 1551006						
	31. DATE FILED (Month, Dey, Year)  32. REGISTRAR'S SIGN	ATURE		,							
	IAN 1 7 1995 July Studior Ra	dalle									
لسا					DHMH-16 Rev 1/89						



95 00716 Items: 23 part Im27,28a,b,c,d,e,f per MEO G-719 1/27/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		(			F DEATH		REG. NO				
		. 1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH									3.	. TIME OF DI	EATH
		SAMUEL	PAYNE			BETZ			JAN 09		YEAR	3:23	D M
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthday) IF UNDER 1					JAN 0			ACE (State or	Foreign
		215-01-5493	1 X M 2   F	77	YRS.	MONTHS DAY	HOURS MIN.	Ma	oth, Day, Year)	1917	Country)		ore,M
3 should		Se. FACILITY NAME (If not institution, give :	treet and number)			9b. CITY, TOW	N OR LOCATION OF D	1	1 23,	-	TY OF DEAT		Jie, F
න භ	B.									100000	TT OF DEA		
1, 2,	5	5217 EASTERN A	V Ei			LBALT	MORE CI	TY	_				
Sec	DIRECTOR	10a. STATE 10b. COUNT	Υ			Y, TOWN OR LO					10	Dd. INSIDE C	ITY
ji.		Md			B	ALTIMO	RE CITY				1 3	YES 2	□ NO
per	ĭ.	10e. STREET AND NUMBER					101, ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY	7
020 physician. burial-transit permit. Pages 1, 2.	FUNERAL	5217 Eastern A	lvenue				21224			U.S	.A.		
215-0020 attending physician, se as the burial-tran	5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS D	ECENDENT OF HISPA	NIC ORIG	IN? (Specify Ye	s or No—	14. RACE -	American In Vhita, atc.	ndlen,
00 g	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				apecify Cuban, Maxic ES 2 NO Spec		Hican, atc.)		Specify:	rnes, stc.	
1215-0 r attending use as the			<u> </u>	W.W.							Whi	te	
or affe	ETED	15. OECEDENT'S EDU (Specify only highest grade	completed)		(Give kind of v	WORK done during	TION most of working	10	b. KIND OF BL	ISINESS/INDU	STRY		
AND 2. The hospital of detached for once.	7	Elementary/Secondary (0-12) College (1-4 or 5+)			We. Do NOT us		<b>n</b>		Porcelan Enamel			101 (	10
AND the hospital detached for	COMPL	12 yrs 17. FATHER'S NAME (First, Middle, Last)			UCII.	ity Ma					Enan	iei c	.0.
TLA be de de de de de de de de de de de de de	8	Louis J. Betz					Grace						
IARYL tained by a should be	8	19a, INFORMANT'S NAME (Type/Print)											
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notfilled at once.	유	Linda Shawen			196. MAILING	ADDRESS (Street	sheart	G1 01	nber, City or Tox	vn, State, Zip (	Code)	2106	1
. 28 0		20a. METHOD OF DISPOSITION											
		1 Burial 2 Dicremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery.	crematory or or	OF DISPOSITION ther place)		1		OCATION — C			
Age direc		21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEF	1 Che	sape	ake Cr	ematory		11+95	BeT	tsvi	11e,	Md.
ALTIMOF death. Page 6 m the funeral director, d. examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins  Perkins D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083  D00083											
AA - 2 m		Bradley-Ashton Funeral Home, Inc.										iC.	
		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A Cutte Narcotic intoxication										imste	
Do Do E													
> \frac{1}{2} = 1	ERTIFICATION												
		Tooling III County		OR AS A CONS								+	
		On any or a state of the state	b									[	
		Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONS	SEOUENCE OF	F):							
BOX cate be e hysician s prior to		CAUSE (Disease or injury											
.O. B certificate ding physione principle of the certificate principle.		that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
OL 등 등 등			d									-	
C = 로토를		PART ii. Other significent condition	s contributing to d	leeth but no	t recuiting i	n the underly	ing cause given in	Part I.	24a. WAS AN		24b. WE	ERE AUTOPSY	FINDINGS
The day of	DICAL								PERFO			MPLETION OF	
Sign Sign Was Health	MED								1 TYES	Z L NO	i i	DEATH?	
REC w requires been sign of Hea	2	DID TOBACCO USE CONT	RIBUTE TO CAL	ISE OF DE	ATH YE	SELNO	□ IINCEPTAL	N D			1 "	YES 2	] NO
Sep a	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				H (Check only or							
W: The fleate th State	Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2	ER/Outpatient	3 □ DOA	OTHER:	ome 5 Residence	6 D 04	(014-1				
ts. 9 8 4	H	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIM	E OF. 28c. I	NJURY AT	_	SCRIBE HOW	INJURY OCCI.	IRED		
		1 Natural 5 Pending	f o(Month (Pay		I OWA		VORK?  YES 2 NO		ubiec			ed dr	11.0
O Albanda dentil	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY - At	home, farm, a	· 1 /		_	J				ug
ISI N	LU I	4 Homicide 8 Could not be	Home	tc. (Specity)			City or Town, State) 5 2 1 7 Ea			East		Ave.	
DESTREMENT THE THE THE THE THE THE THE THE THE TH	<b>"</b>	29e. CERTIFIER 1 CERTIFYING PHYSI			4:-44				timor				
ar as year	COMPLET	(Check only one)  2 X MEDICAL EXAMINE	CIAN: To the best of m										
THE FOR FINE PORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIE				, at my opinion			e and place, at				
로 를 를 하는 사이 사이 사이 사이 사이 사이 사이 사이 가는 가는 사이	H	290. SIGNATURE AND TITLE OF CENTIFIER	100	1		29c. LICENSE NUMBER			29d. DATE SIGNED (Month,			onth, Day, Yea	r)
223	2	30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CALL	OF DEATH	EM em a	Order	O.C.M	.E.		J	AN 1	0,19	95
		O MIN HIS ASSISSED OF FERSON WA	COMPLETED CAUSE	_							_		
	}	31. DATE FILED (Month, Day, Year)	22ARECIETO	S SIGNATURE	11 Pe	enn St	reet, B	alt:	more	, Mar	ylan	d 21	201
		IAN 17 1995 Juli	32 REGISTOR	della									
	إلـــــــــــــــــــــــــــــــــــــ	14V T 1333 Jm											

DHMH-18 Rev 1/89

		FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI CERTIF					MENTA	L HYGIEN	Ε		
		1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATN
13			NNA	E. BRIC							1	15	199	5	4:30 p м
		4. SOCIAL SECURITY NUMBER 2.1.4. O.2. 2.6.4.2	BER	5. SEX	FIRST C. C.	yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	(Mont	OF BIRTH		8. BIRTNP Country)	LACE (State or Foreign
임		214-03-2642		1 🗆 M 2 🕁 F	8	6 YRS.						15/190			Md
shou	e	9a. FACILITY NAME (If not II					9b. CITY,	TOWN C	OR LOCAT	TON OF DE	EATH			TY OF DE	
2,	0	Trinity Nur	SING H	ome									Balt	imor	e 
iges 1	DIRECTOR	10a. STATE	10b. COUNT	-		10c. CI	TY, TOWN O	R LOCAT	TION						IOd. INSIDE CITY LIMITS?
.≓. 26		Md	Balti	more			Balt	imo	re						YES 2 NO
sit pem	FUNERAL	5953 Bento:		hts Aven	ue			101	f. ZIP COI	DE . 206			10g. CITIZ	EN OF WI	AT COUNTRY?
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval. ical examiner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	•	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO	1	f yea, sp	ecity Cub					Specify	
215- attendi	ED	15. DEC	CEDENT'S EDU	CATION	1	18a. DECEDENT'S	S USUAL OC	CCUPATIO	ON		White			Tre	
2121 al or att		(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life, Do NOT	work done ouse retired.)	during mo	ost of work	ing	ISS CITE OF ECONICOSINE				
D spital	립					Cred	lit Ma	anag	er		Allied Cher			ica1	
AN he hos detach	COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)			18. MOTNER'S NAME (First, Middle, Maiden Surname)									
A YL	BE (	Christian				Mary E. Eilerman									
MARYLAND s retained by the hospits s should be detached notified at once.	2	Dorothy Dav	No la			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Str. 7544 Westfield Road, Balto, Md.									
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		20a. METHOD OF OISPOSIT	non 3 🗆 Ram		cemet	PLACE AND DATE	OF DISPOS	ITION/Ne	eme of		OAT	7E 20c. LO	CATION — C	aty or Tow	
		4 Donation 5 Other		CEMORE	- Ba	ltimore				ESS OF FA		19 Bal	timor	e, M	d.
ALTIN death. Pag tuneral dis		DO 00	, and the co	11								neral	Home		
BA fter de the ft oval.		Teille	PV	Jack-	9		2·	134	Will	Low S	prin	g Road	. Dur	da1k	
by filled in thation, or re-		interval Betwee Onset and Date of Condition Sept. Actually for Sept.												Approximata Interval Between Onset and Daath	
N 20 - 0	z			Sen	ile	Jem	nten	r							1 4 yrs
S e da le	CERTIFICATION	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):												Tyra 10 yrs	
a opf	ERT	resulting in death) LAS	т	d											
ORD: that the led by the th and M any inju	EDICAL	PART II. Other significa	ant condition	ns contributing to	death bu	t not resulting	in tha un	derlyin	g causa	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOPSY FINDINGS MMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
E Ses	AN: M														1 YES 2 NO
는 부 을 을 들	SICIA	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C)	neck only o	ne)			
F VIT. SICIAN: The certificate the State I, or item	YSI	1 TYES 2 NO		1 Inpatient 2			4 Nun	sing Hon		Reeldence	7	er (Specify)			
PHY this with with	у РНУ	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28a. OATE O (Month, i	F INJURY Day, Year)	28b. TI	ME OF IJURY M	WC	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE NOW I	NJURY OCC	UREO	
SETUPONE SET	ETED B	a D Sudates —	Could not be determined	28a. PLACE 6 building	OF INJURY - , atc. (Specify	— At home, ferm.	street, fact	ory, offic	ia .			CATION (Street & or Town, State)		or Aural Ac	ute Number,
	2	29a. CERTIFIER (Check only one)    MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated.													
<b>正</b>	COM	onel	DICAL EXAMINI	ER: On the beals of	exemination	and/or investigat	lon, in my o	pinion, d	death occ	ured at the	time, det	a and pleca, an	nd due to the	cause(a)	and manner es stated.
Fundamental	BE C	onel			axemination	and/or investigat	ion, in my o	opinion, d		CENSE NU		a and pleca, an			and manner es stated.
<b>正</b>	ပ	one) MED	e of Certifie	luful	1/1	10		SF 6				a and pleca, an			

B.K.S

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-7202/2/95 reb

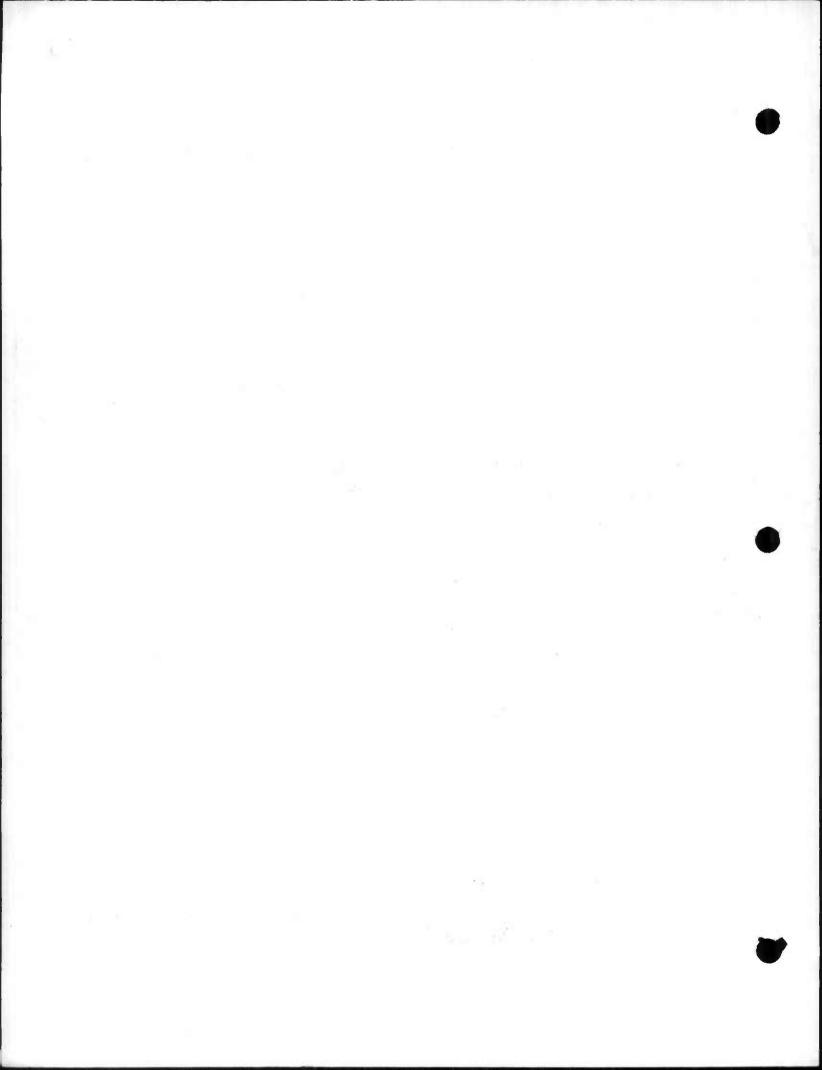
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	IO.					
,	1. DECEDENT'S NAME (First, Middle, Last)		DOMETRIC		2. DATE OF DEATH MONTH	DAY YEAT	3. TIME OF DEATH				
-	ROBERT'  4. SOCIAL SECURITY NUMBER	La agua La signi	BOYKINS		JAN.	7 95	11:34				
	217-62-1243  9a. FACILITY NAME (If not institution, give s	10×1 2-	7 YRS. MO	TUNDER 1 YEAR IF UNDER 24 HRS.  HTHS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Yan)	Sc. COUNTY O	RTHPLACE (Stage or Foreign upper)  F DEATH				
A L	2541 WEST LOMBA	ARD STREET-A		BALTIMORE C	ITY						
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS7				
FUNERAL	365 NUMBER	11 Rd.	1/1	10f. ZIP CODE	9	10g. CITIZEN O	HHAT GOUNTHYS				
à	1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic: 1 YES 2 NO Specifi	an, Puerto Rican, etc.)	Yes or No.— 14. Ru	ACE — American Indian, lock, Write, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Decedary (0-12)		(Give kind of vigori Ma. Do NOT year	UAL OCCUPATION done working most of working	16b. KIND OF 8	NISINESS/MOUSTRY					
BE COM	POPER LOU	or Kins		18. MIGTHER'S NA	ME (Fest, Missin, Mais ARKS	or Surrama	3				
<u>و</u> [	TELEPES P	ox Kins	305	ORESS Street and Number or Pural	RAY BA	IMM. State, Zip Gode)	2.2229				
	20 METHOD OF DISPOSITION 1 A Burlai 2 C Craffigation 3 Rem 4 Donation 5 State (Specify)	ovel from State copple	ACE AND DATE OF D	ISPOSITION/Nacion/	LISTA D	OCATION CHYPI	Tipen, State				
ı	21. SIGNATURE OF JUNERAL SERVICE LIC	ways /	100-101	22. NAME AND NOTEESS OF	WE MAN FU	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mar (1)				
	May 12 11/1	n/		170 TEDA	in in	Para	21229				
NOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
월 📗	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant condition	s contributing to death but	not resulting in ti	he underlying cause given in	Part I. 24s. WAS A		46. WERE AUTOPSY FINDS AWAILABLE PRIOR TO				
MEDICAL											
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YES	□ NO □ UNCERTAI	N D		1 TYES 2 MO				
NC1A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH (C	THER:							
a.	PONTES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding	1 Inpetient 2 C ERPOutpets 26s. DATE OF INJURY (Morth, Dec Nee) 10und 1/7/95	286 TIME OF 11:20	A WORK?	284, DESCRIBE HOW UNKNOWN						
ETED BY	2 Accident Investigation 3 Suicide s Could not be determined	284. PLACE OF INJURY — building, etc. (Specify) FOUND: alle	At home, farm, stree			re, Md.	Lombard St.				
COMPLE				the time, date and place, and dire	to the cause(s) and m	anner as stated.	e(s) and manner so state				
TO BE C	Therese M.	Ky M. D	2	O.C.M.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,1995				
	THEODORE M		11 Penn	Street, Bal	timore,	Maryla	nd 21201				
	JAN 17 1995 Jahr	32. REGISTRANG SIGNATU	PRE .								

OR AT ENDING PHYSICIAN. The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020



MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

interned by the hospital or attending physician. ahoud be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

		Item6 1-17-95	FilmG719 W.H	.Per	F/H							95	5 (	0719
		FOR	STATE OF MARYL	AND /	DEPAR	TMFN1	r ne H	FAITH	AND 8	MENTA	HYCIEN	E		
-		1 - STATE REGISTRAR	OINTE OF HIMITE	CE	RTIF	ICATE	OF	DEAT	ГН	WEIT IA	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	RNBAIN							2. DATE MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	7 6	75 B. BIRTHE	PLACE (State or Foreign
	9	7-18-22-0235	1 - M 2 X F - 2	X	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	1. Poz Your)	08	Country;	RYLAND
	_	9a. FACILITY NAME (If not institution, give st	treet and number)		ΔU	9b. CITY	TOWN C	R LOCATIO	ON OF DE	ATH	00/3	9c. COUR	ITY OF DE	
	10	3/NA HOSPITA	gL_			13	191	tim	WY-C	_		15	3/15	more
	DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,	10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY
	듬	MARYLAND			BA	LTIM	ORE							10d. INSIDE CITY LIMITS? 15 YES 2 NO
1	¥.	10e. STREET AND NUMBER					101	ZIP CODI						HAT COUNTRY?
-	FUNERAL	7006 WALLIS AVE						212				USA	7	
		11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 N	MED O						i? (Specify Yes Rican, etc.)	or No-	14. RACE Black,	American Indian, White, atc.
	ВУ	₩ Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATESA.		,	1 NES	<sup>2</sup> ₹ NO	Specify	•			Specify	WHITE
		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL Of	CCUPATIO	N et of workin	w.	16b	KIND OF BUS	SINESS/IND	USTRY	
	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.	SEWI	se retired.)				1	T HOME	,		
of 100	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1100	SEMI	r E		40 14000	15010 ALA					
늄		HYMAN SMA	LL						OSE		Middle, Malden ROSENI			
8	) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number	or Runal A	loute Num	ber, City or Town	n, Stata, Zip	Code)	
p pd	욘	MR. MICHAEL BIRNBAUM 13 RATSIN TREE CIRCLE BALTO., MD 21208												
É		20a. METHOD OF DISPOSITION  (V) Burlel 2 Cremation 3 Remo		PLACE A			ITION (Na	ma ol		DAT	E 20c. LO	CATION —	Ity or Tow	rn, State
E		4 Donation 5 Oth (Specify)	7 H	EBRE		TEND:					BAL	TIMO	RE, M	ID
17. FATHER'S NAME (First, Middle, Last) HYMAN SMALL 196. INFORMANT'S NAME (Type/Print) MR. MICHAEL BIRNBAUM 13. RATSIN TREE CIRCLE BALTO., MD 21208 206. METHOD OF DISPOSITION KYO Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Oth (Specify) 18. MOTHER'S NAME (First, Middle, Maiden Surmame) ROSE ROSENTHAL 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  13. RATSIN TREE CIRCLE BALTO., MD 21208 206. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place) HERREW FRIFNDSHIP 1/12/95 18. BIGHATURE OF BIMERAL SERVICE PLACES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.														
#	_	1000011	ferena	-		60	10 R	ETST	ERTO	WN R	D. BA	OT.TO	MD	21215
the medical		23. PART i. Enter the diseases, or o shock, or heart failure. I	emplicatione that caused List only one cause on e	d the dec ach ilne.	eth. Do r	ot enter	the mo	de of dyi	ng, auch	aa card	dec or reapi	ratory arr	ent,	Approximate interval Between
the		IMMEDIATE CAUSE (Final disease or condition	N. true	050	) -	91	12.		~L	41	4			Onset and Death
rent,	ı	resulting in death)	DUE TO (OR AS A	CONSEQ	UENCE OF	9/ . P:	170	Vh m	un	rige				10 hours
tic e	Z		Hypert.	ens	n'on									Years
other traumatic event,	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	UENCE OI	ን:								
ier tr		cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OR AS A	CONSEQ	UENCE O	٦٠								
1	E	resulting in deeth) LAST				,.								İ
خ	CE	PART II. Other aignificent conditions			autal a a		40.4							
any Injury	DICAL	VALUE CONTROLL CONTROLL	E contributing to death b	ut not re	autung i	n the un	ideriying	cause g	jiven in i	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE 3W	w II	9								-	1 TYES 2	NO	1 9	OF DEATH?
	Σ.	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEAT	TH YE	SIL	NO [	UNC	ERTAIN				'	YES 2 NO
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER	r	26. PLACE						1			-	
5	) KŠ	1 TASE IN NO	1 Nopetion 2 D ER/Outp	atlant 3	DOA	4 Nun		S 🗆 Re	sidence (	0the	r (Specify)			
ed,	PHY	1 Natural 5 Pending	38a, DATE OF INJUSTY (Month, Day (mar)		29b. TIM INJ	E OF URY	28c. INJU WOR	BC7		28d. DES	CRIBE HOW I	NURY OCC	URED	
	à∥	Accident Investigation	28s. PLACE OF INJURY	A1 hor	ne form :	"	1 1	ff 2 [	NO:					
28 18	윤	3 Suitcide 6 Could not be 4 Homicide determined	building, etc. (Spec	Wy)	He, Harrin, S	nreet, tecto	ory, amce			City	ATION (Street a or Town, State)	ind Number	y Rural Ro	ute Number
	9 1	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my brook	ladin dan	ets annual and					and the second		- Virolina viv		
	COMPLET		CIAN: To the best of my knowl good the besix of examination											and manner as stated.
		296. SIGNATURE AND STILE OF DESCRIPTION	1.	_					NSE NUM			_	SIGNED (	
MPC	TO BE	/VIn 1/11/	2									D /	110	195
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM	27) (Type,	Print)	1.	12. 1		1 1	2,2,			
		31. DATE FILED (Month, Day, Year)	Schoeln	AVIIM	Di n	n. 17	030	リナハ	0	× 12	3n171	) sour	/	
- 1	111	Tries trace (month, vay, real)	32. REGISTRAR'S SIGN.	AIUHE										

14/5 School of Six 14/5 School of Six 12. REGISTRAT'S SIGNATURE Talia Dhurdion Randell

DHMH-16 Rev 1/89

SAVI TO THE SECOND OF THE SECO

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5. hours after death. Page 6 may be retained by the hospital or attending physician.

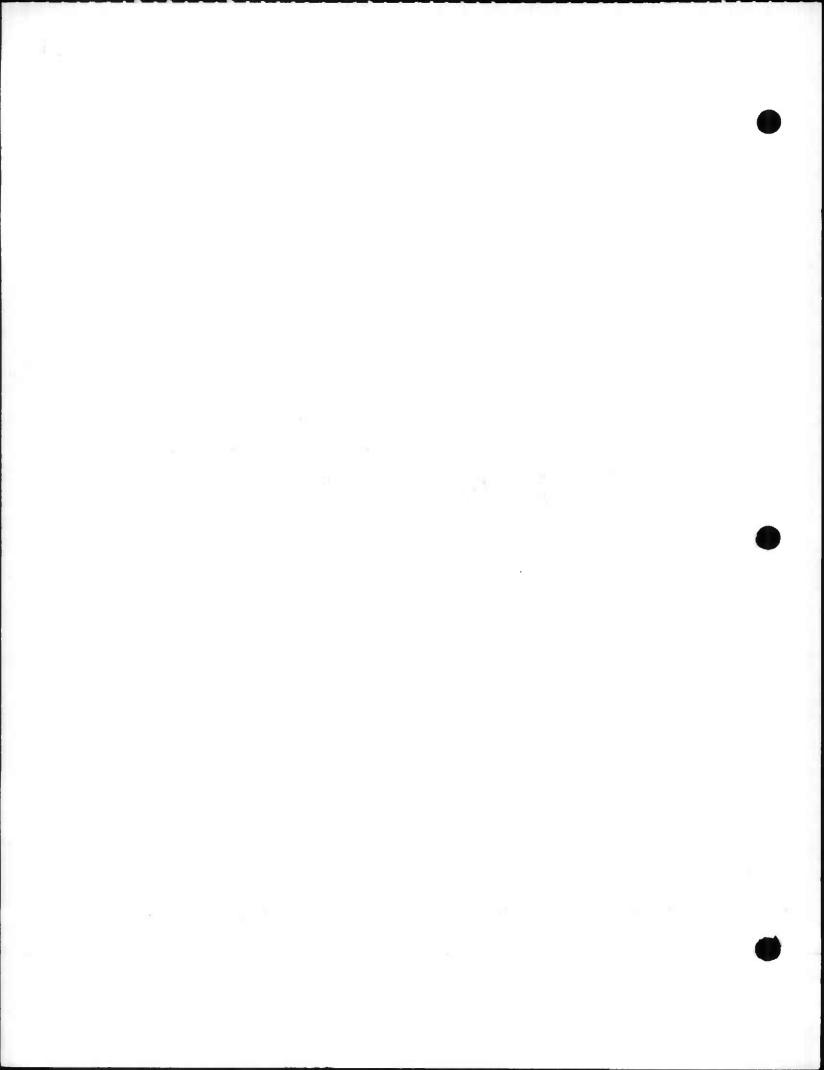
LIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

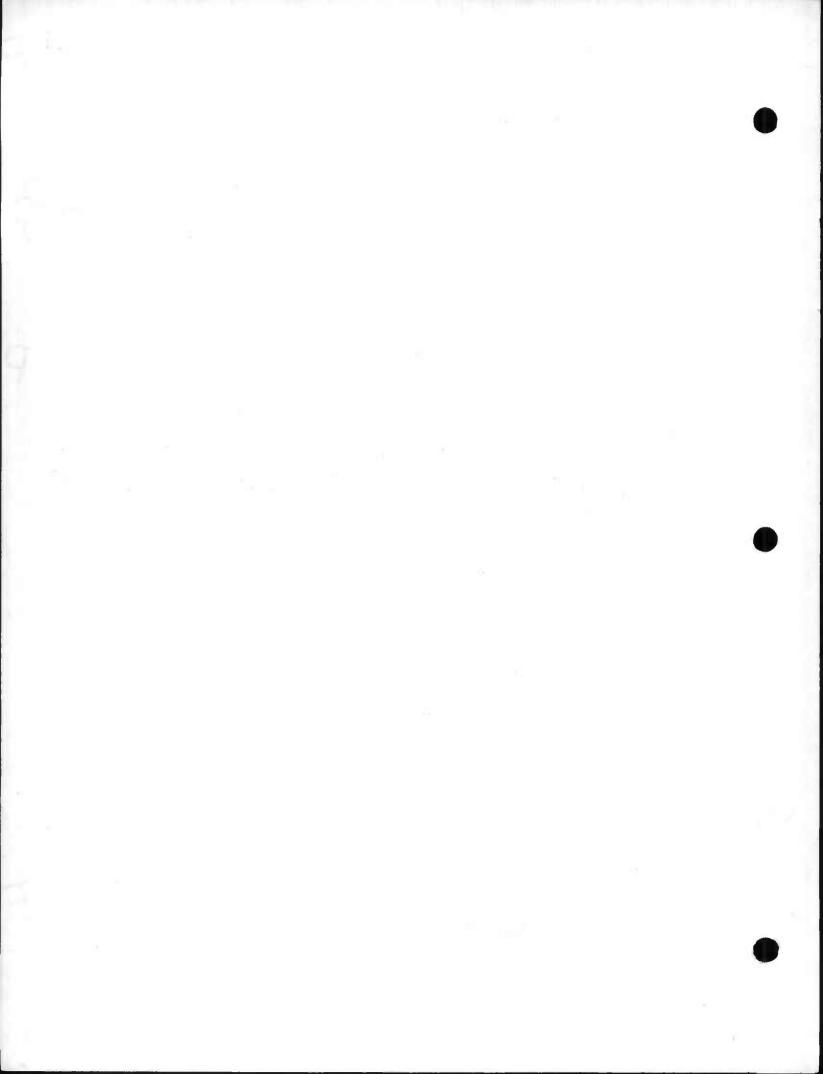
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH																
	Helen Bronski									Jan. 13		95	4:15 p M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	n yrs. last	birthday)	IF UNDE	R 1 YEAR	-		7. DATE OF BIRTH (Month, Day, Year)		S. BIRTH	IPLACE (State or Foreign			
ŀ	218-32-4378	1 🗌 M 2 🔀 F		37	YRS.	MONTHS	DAYS	HOURS	MIN.		907	Rus				
	9a. FACILITY NAME (If not institution, give st	reet and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH			
DINECTOR	Good Samaritan Nu	rsing Ce	nter			Baltimore										
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		-		40. 0177	CITY, TOWN OR LOCATION 164 INSIDE CITY										
						altimore							10d. INSIDE CITY LIMITS?			
	Maryland 100. STREET AND NUMBER				Bal	TIMO	_	10f, ZIP CODI			1 X YES 2 NO					
		1	A 4-	T)			- [ ]					TIZEN OF WHAT COUNTRY?				
	5601 Loch Raven B	12. WAS DECEDEN			MED	12	WM C DI	21239		IIC ORIGIN? (Specify Yes		S.A.				
	1 Never Married 2 Married	FORCES? 1					If yea, t	specify Cuba	n, Maxica	n, Puerto Rican, atc.)	or No	Blac	E — American Indian, k, Whita, atc.			
	3 Widowed 4 Divorced	IF 123, GIVE 1	THE OH DA	IES			1 📙 10	ES 2 X NO	Specify	<i>y</i> :		Spec	white			
1		15. DECEDENT'S EDUCATION 18a. DECEDER (Specify only highest grade completed) (Give kin								16b. KIND OF BUS	SINESS/IN	DUSTRY				
	Elementery/Secondary (0-12)	College (1-4 or 5	+)	life.	Do NOT us	e retired.)	auring r	most of working	ng							
	4 years			Pro	prie	tor				Retail						
	17. FATHER'S NAME (First, Middle, Last)						-	18. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)					
ı	Joseph		Gree	n				Pau	line	2						
	19a. INFORMANT'S NAME (Type/Print)			19b	MAILING	ADDRES	S (Street	t and Number	or Rural I	Route Number, City or Tow	n, State, Zij	Code)				
	Charlotte Stanka			1	652	Winf	ord	Road	, Ba	ltimore, M	D 21	239				
	20s, METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remo	eval from State	20b.	PLACEA	ND DATE C	OF DISPOS	SITION	Nama of		DATE 20c. LO	CATION -	City or To	wn, Stata			
	4 Donation 5 Other (Specify)		Hol	y Tri	mity	Russ	ian (	Orthodo	ox Cer	n. Jan 17 El	kridg	e, Ma	ryland			
21. BIGNATURE OF EMERAL SERVICE LIMENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc.																
	brams (	varch E	But							d, Baltimo			1212			
	23. PART i. Enter the diseases, or calculated the second shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	let only one cel	ise on ee	ch line.	40	m	rt	13	,		atory st	1001,	Approximate Intervel Between Onset and Death			
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):															
1	PART It. Other significent conditions	contributing to	deeth bu	it not re	esulting (	n the u	nderlyl	ng ceuse g	lven in	Pert I. 24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS			
										1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?			
											(		1 TYES 2 100			
	DID TOBACCO USE CONTR	IBUTE TO CA	USE OI	DEA	TH YE	S	NO [	☐ UNC	ERTAI	<u> </u>						
Ì	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2	6. PLACI	E OF DEAT											
ı	1 TYES 2 NO	1 Inpatient 2		itlent 3					sidenca	8 C Other (Specify)						
	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	lay, Year)			M	1 🗆	NJURY AT YORK?	] NO	28d. DESCRIBE HOW fi	NJURY OC	CURED				
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE O building,	etc. (Speci	At hon	ne, farm, s	treet, fac	tory, off	lice		28f. LOCATION (Street e City or Town, State)	and Number	or Rural F	loute Number,			
										to the cause(a) and mar tima, data and place, an			) and manner as stated.			
	290. SECRETURE AND TITLE OF CERTIFIER	Ta	4	RL	na	w	~	Zilic. LICE	NSE NUR	0661	29d. DAT	E SIGNED	(Month, Day, Year) 14			
	30. NAME AND ADDRESS OF PERSON WHO Sireesh Tripura	neni M	.D.	567			Ala	meda	. В	altimore,	MD	21	239			
	JAN 1 7 1995 A	22 PEGISTRA	x lan	all.												



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	MENT OF I	EALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	THEA META	BAUER				Jan. 13	1995	11:35 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	220-18-2837		70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-28-19		rmany
	90. FACILITY NAME (If not institution, give so Harbor Hospita				more C		9c. COUNTY OF	DEATH
CTOR	RESIDENCE OF DECEDENT	- Center		Daic.	INOTE C	ıcy		
Ĕ	10s. STATE 10b. COUNTY	1	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
DIRE	Md. Bal	timore		Dunda:	.k			LIMITS?
A P	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	1724 Lynch Rd	•			21222		US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	V U.S. ABMED			NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indien,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specif	in, Puerlo Ricen, etc.) y:	Spe	
ED E		2474011						WILLCE
Щ	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of w	USUAL OCCUPATI ork done during mo retired.)	ON ist of working	16b, KIND OF BUS	SINESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 2.	Homem					
<b>∑</b>	17. FATHER'S NAME (First, Middle, Last)	2	nomen	aker	IS MOTHED'S NA	ME (First, Middle, Maiden	Current	
1	Hermann H. De	rr			10. MOTHER 3 NA	Trist, Micola, Malcon	Surname)	
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
۲	Christian Bau	er		Lynch		Baltimore		21222
	20a METHOD OF DISPOSITION 1.A. Burlal 2 Cremation 3 Remo	20b	PLACE AND DATE O	F DISPOSITION (N	me of	DATE 20c, LO	CATION — City or T	own, State
	4 Donellon 5 Other (Specify)	M M	etery, crematory or other eadowri	dge Ce	metery	1/17 Ba	altimor	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		4.4	22. NAME A	ND ADDRESS OF FA			D 3 = 11=
- 1	*Chithous	A+Con	alle.			uneral Ho rs Pt Rd	ome or 21222	
23. PART I. Enter the discussion of complications that caused the death, to not enter the mode of dying, such as cardiac or reepiratory and abock, or heart militure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. CARDINGENIC AND SEPTIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  URDSEPSIS  DUE TO (OR AS A CONSEQUENCE OF):  URDSEPSIS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  HIO MYDLARQIAL INFARCTION  HIO MERAL APICAL THROMBAL PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ	DID TOBACCO USE O							1 TES 2 MO
AN	25. WAS CASE REFERRED TO MEDICAL	JOINTINDOIL TO	CAUGE OF		ACE OF DEATH (Ch			
2	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specify)		
PHISICIAN	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
187	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY building, slc. (Spec	— At home, farm, st		rES 2 NO	281. LOCATION (Street	and Number or Rural	Route Number,
	4 Homicide determined					City or Town, State)		
COMPLEIED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination	n and/or investigation	i, in my opinion, o	eath occured at the	Ilme, data and place, an	d due to the ceuse	
	29b. SIGNATURE AND TITLE OF CERTIFIER  Roundly Q . 0  30. NAME AND ADDRESS OF PERSON WHO  ROWILD A . 0  31. DATE EILED (Mooth One Maria	mm, mo	MOUSEST	105P1 J731	29c. LICENSE NUI	WBER 41614-29	29d. DATE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO  ROWILDA	COMPLETED CAUSE OF DE	3001 5	Print)	EN 51.	BALTIMU	DE MI	21290
	1 7 4005	22. REGISTRARE SIGN	ATYRE	.,,,,,				
	JAN 1 7 1995 July	A DIMENTAL PORTO						



		permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	N: I	Stat	He.
	SICIA	certi	9
	PHY	this	ked
	NG	fter	E
	ENDI	R. A	- 50
	ATT	CL S	1 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TAL	A R	=
	So	UNE	AM
	Ψ	H M	H
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	-	-	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

1. DECEDENT'S NA	ME (First,	Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
# 1000			agdalene	Cosn						January			1:35 am M
4. SOCIAL SECURIT	200		5. SEX		s. last birthday	) IF UNDE	DAYS		MIN.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
235 - 14			1 □ M 2 🔀 F	78	YRS.					Nov 29, 1	.916	Wes	t Virginia
9a. FACILITY NAME					9b. CITY, TOWN OR LOCATION OF					EATH		JNTY OF E	DEATH
9307 Mac RESIDENCE O 100. STATE Maryland			nue	1/25	Laurel						Но	ward	
10e. STATE	, DEC	10b. COUNTY	r		10c, C	ITY, TOWN	OR LOC	ATION			10d. INSIDE CITY		
Maryland	đ	Howai	rd		Laurel							LIMITS?	
10e. STREET AND N	UMBER				101. ZIP CODE			E	10g. CITIZEN OF			WHAT COUNTRY?	
9307 Mac	disc	n Aver	nue		20723			23	USA				
1t. MARITAL STATUS		Jane 1	12. WAS DECEDEN							NIC ORIGIN? (Specify Y	es or No—	14. RAC Blec	E — American Indian, k, White, etc.
1 Never Married 3 Widowed 4			IF YES, GIVE Y									Spec	ally:
	15. DEC	EDENT'S EDU	CATION	160	DECEDENT	e ligital é	OCCLIBA:	TION		16b, KIND OF B	I I I I I I I I I I I I I I I I I I I	PHICTON	White
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)					16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					OSINESS/IN	DOSINI	
Grade 1		-12)	College (1-4 or 5		Meat Weigher & Wrapper					Groce	cv St	ore	
17. FATHER'S NAME		iddle, Last)								ME (First, Middle, Maide	-		
Samuel	Т.	Hamr	ick		Bertha Teresa Cog								
19a, INFORMANT'S	19a. INFORMANT'S NAME (Type/Print)					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Luther					9308 Madison Avenue, Laurel, Maryland 20723							0723	
20g, METHOD OF D	ISPOSITI rematio	ON 3 A Ram	oval trom State	20b. PL	ACE AND DATE	e OF DISPO	SITION (	Name of		OATE 20c. 1	OCATION -	- City or To	own, State
4 Donation 5	☐ Other	(Specify)		Mea	dowric					1/16 Do	rsey,	Mar	yland
21. SIGNATURE OF	FUNERA	L SERVICE LIC	ENSEE	1/				AND ADDRE		eral Home	, P.A		
Klo	STATE TO THE DESTRUCTION OF THE COURSE OF TH								nd 20707				
If sny, leading to csuse. Enter UN CAUSE (Disease that initiated eve	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Cache Kia  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other s	ignifice	ent condition	d	deeth but r	not reaulting	y In the u	undsrly	ing cause	given in	Pert I. 24a. WAS / PERF	IN AUTOPSY DRMED? 2 NO	241	S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFE EXAMINER?	ERREO TI	O MEOICAL	HOSPITAL:			ОТНЕ		PLACE OF	DEATH (C)	eck only one)			
	но	-	1 Inpatient 2			4 🗆 Nı	ursing H		esidence	6 Other (Specify)			
27. MANNER OF DE.  Netural  Accident	5 🗌	Pending Investigation	25a. DATE Of (Month, I	Pay, Year)		IME OF NJURY M	1	NJURY AT WORK? YES 2	□ NO	28d. DESCRIBE HOW	/ INJURY O	CCURED	
3 Suicide 4 Homicide		Could not be determined	26s. PLACE ( building	of INJURY — ; etc. (Specify)	NJURY — At home, farm, street, factory, office  (Specify)  28f. LOCATION (Street and Nu City or Town, State)						t and Numb (e)	er or Rumi	Route Number,
	MED	ICAL EXAMINE	R: On the besis of a					, death occu	red at the		and dua to	the cause(	s) and manner as stated.
Sac and control of	gi	1	AH	ende	7			29c. LIC	HO		29d. DA	13	(Month, Day, Year)
Nichol	is	BA	30 COMPLETEO CAU	SE OF DEATH	(ITEM 27) (Ty)		uu	e la	الم	prog +2	14	lan	20107
31. DATE FILED (Mo.	AN			AR'S SIGNATU		all							



FOR

ITEM: 1. PER F.H. FILM G-719 1/17/95 t.t

		1 - FOR STATE OF MARYI	AND / DEPAI CERTIF	RTMENT OF HE	ALTH AND I	MENTAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
		Ronald Gene CALDEIRA  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	Ca	lderia		Jan 13	3 1995	1621 "	
포		221-58-1048 ¹໘M₂□F	(In yrs. lest birthday) 33 YRS.		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 6, 1	Cou	orthpLace (State or Foreign alifornia	
3 should	œ	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR	LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
1, 2,	ECTOR	Shock Trauma Center		Baltir	nore				
Pages	DIREC	10e. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCATIO	N			10d. INSIDE CITY	
permit. F		Maryland Cecil		lkton			1 X YES 2 NO		
sit pe	ERAL	17 S. Navajo Trail		101. 2	O4 OO4			WHAT COUNTRY?	
020 physician. burial-transit	FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECEN	21921 IDENT OF HISPAN	NIC ORIGIN? (Specify Yes	V S. A.  14. RACE — American Indian,		
5-0020 Inding physic as the burial	BY F	1 Never Married 2 Merried FORCES? 1 YES 3 Widowed 4 Divorced FYES, GIVE WAR OR D	2 XNO DATES		Ify Cuban, Mexica NO Specify	n, Puerto Rican, atc.)	Sp	white, etc. White	
	ED	16. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		165 KIND OF BUS	BINESS/INDUSTRY	wnite	
12 de 10 de		(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during most	of working	100.100.00			
AND 21 the hospital or detached for u	COMPLET	12	Assemb:	ly Line Wo	orker	Auto Ma	anufactu	ring	
S de P		17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden			
retained by t 5 should be notified at	96	Richard Caldeira 190. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Street end		Ruth Prate Route Number, City or Town			
	유	Angela Osborne CAldeira		avista Cir					
The sea to		20e. METHOD OF DISPOSITION 1 IX Burlel 2 Cremetion 3 Removal from State	b. PLACE AND DATE	OF DISPOSITION (Name other placa)	e of	DATE 20c. LO	CATION — City or	Town, State	
		4 Donation 5 Other (Specify)	racelawn			/19/95 Ne			
ALTIM death. Page tuneral dire i. examiner n		110 1111		Leona	rd J. R	uck Funera	l Home,	Inc.	
after of by the i moval.	$\vdash$	23. PART i. Enter the diseases, pr complications that cause	d the deeth Do			Rd. Balto			
24 hours after filled in by the on, or removal		ahock, or heart failure. List only one cause on a	each line.	not enter the mode	or dying, suc	n as cardiac or reapi	ratory arrest,	Approximata interval Between Onset and Death	
= =		disease or condition resulting in death)  a. Curbon  DUE TO (OR AS	mono	ride	Poisu	1/29		Onset and Death	
ompletel di crema event,		DUE TO (OR AS	A CONSEQUENCE O	PF):					
executed and com o bunial, matic en	NO NO	Sequentially list conditions, Due to (or as	A CONSEQUENCE O	FI:					
ste be prior to brior to traus	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	928752 E41 A					į	
ertifica ing phr giene	TIF	that initiated events  resulting in death) LAST	A CONSEQUENCE O	F):					
the death certificate the attending physical Mental Hygiene principally, or other to	CERTIFI	d							
MDS, nat the dear by the att and Menta y injury.		PART II. Other aignificant conditions contributing to death t	out not reaulting	in the underlying o	cause given in	Part i. 24a. WAS AN . PERFOR		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
L RECOR	MEDICAL					1 YES 26		COMPLETION OF CAUSE OF DEATH?	
w requires that been signed of Health a		DID TORACCO LISE CONTRIBUTE TO CALISE	S DEATH W		111 10555411		' I	1 TYES 2 NO	
	PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL		TH (Check only one)	UNCERTAIN	<u> 1 П</u>			
SICIAN: The certificate he the State for the State for them	Sic	EXAMINER?  1 XES 2 NO  HOSPITAL: 1 Inpatient 2 X ER/Out	patient 3 🗆 DOA	OTHER: 4  Nursing Home	5 Residence	8 ☐ Other (Specify)			
HYSICI his cer with th	F	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Veer)	28b. TIN	IE OF 28c. INJUR	TY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
DING PHYSI After this c death with	à	2 Accident Investigation		*	3 2 NO	Car runnin		Garage	
TTEN TOR: after 28 i	윤	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spe	Reside			281. LOCATION (Street a City or Town, Stete)	Valo	Poute Number,	
S O B O D	3	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know			d place, and due			1941	
THE HOSPITAL THE FUNERAL filed within 72 I	COMPLETED	one) 2 MEDICAL EXAMINER: On the beele of axamingtion						(e) end manner ee stated.	
TO THE HOSPIT TO THE FUNER De filed within IMPORTANT:	ш	29b. SIGNATURE AND THE OF CERTIFIER		2	9c. LICENSE NUM	IBER	29d. DATE SIGNE	ED (Month, Day, Year)	
5 5 9 M	TO B	8-62			O.C.M.	E	Jan	14 1995	
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE							
12		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE	Penn Str	eet, B	Baltimore	Mary	land 21201	
10		IAN 17 1995 Jalia Stavoleon	Randall						

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MELVIN McDONALD COLEMAN JAN. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) MAY 9,1914 IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 X M 2 - F 212-05-2185 80 YRS Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 820 S. CATON AVENUE (9N) BALTIMORE RESIDENCE OF DECEDENT 10s. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 820 S. CATON AVENUE (9N) 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES WW II 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12TH GRADE TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM J. COLEMAN notified at MARGARET M. SMITH BE 19s. INFORMANT'S NAME (Typo/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 CHARLES E. COLEMAN 2165 GRAYTHORN ROAD - BALTIMORE, MD 2 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Burisi 2 X Cremetion 3 Removat from State
4 Donation 5 Other (Specify) GREENMOUNT CREMATORY 1/13 medical examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSES funeral hours after death. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 the 23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by 1 shock, or heert failure. List only one ceuse on each line. 0 **IMMEDIATE CAUSE (Finei** the cremation, diseese or condition\_ Arrest Cardiac completely event, resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): burial, rtertoscleret.i traumatic and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, issding to immediate cause. Enter UNDERLYING physician 2 Valerlas Discase certificate CAUSE (Disease or Injury other that initiated events attending resulting in death) LAST 10 the death Mental the PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL Health and that Aortio any Value Discose requires shows Pacenoller been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D 23 PHYSICIAN: WE Dept. has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 2 Hem r this certificate h HOSPITAL 1 YES 2 OTHER: PHYSICIAN: 1 Inputient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 Sesidence 8 - Other (Specify) the 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF marked, 28c. INJURY AT WORK? Natural 1 YES 2 NO BY death Investigation 2 Accident ATTENDING DIRECTOR: After 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 90 3 Suicide COMPLETED 6 Could not be after 4 🔲 Homicide 28 hours item 29s. CERTIFIER
(Check only

1 \*\*CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and dus to the cause(s) and manner as stated. HOSPITAL DR FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sinden-Re

10 N. GREENE STREET - BALTIMORE, MD

Item30,Film719,1/18/95,lt

CERTIFICATE OF DEATH

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 1995 11, 12:00 P 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, White, stc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY FREIGHT DELIVERY 20c. LOCATION - City or Town, State BALTIMORE Approximate Interval Batween **Onset and Death** 1 min 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 - YES 2 - NO 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

9

30. NAME AND ADDRESS

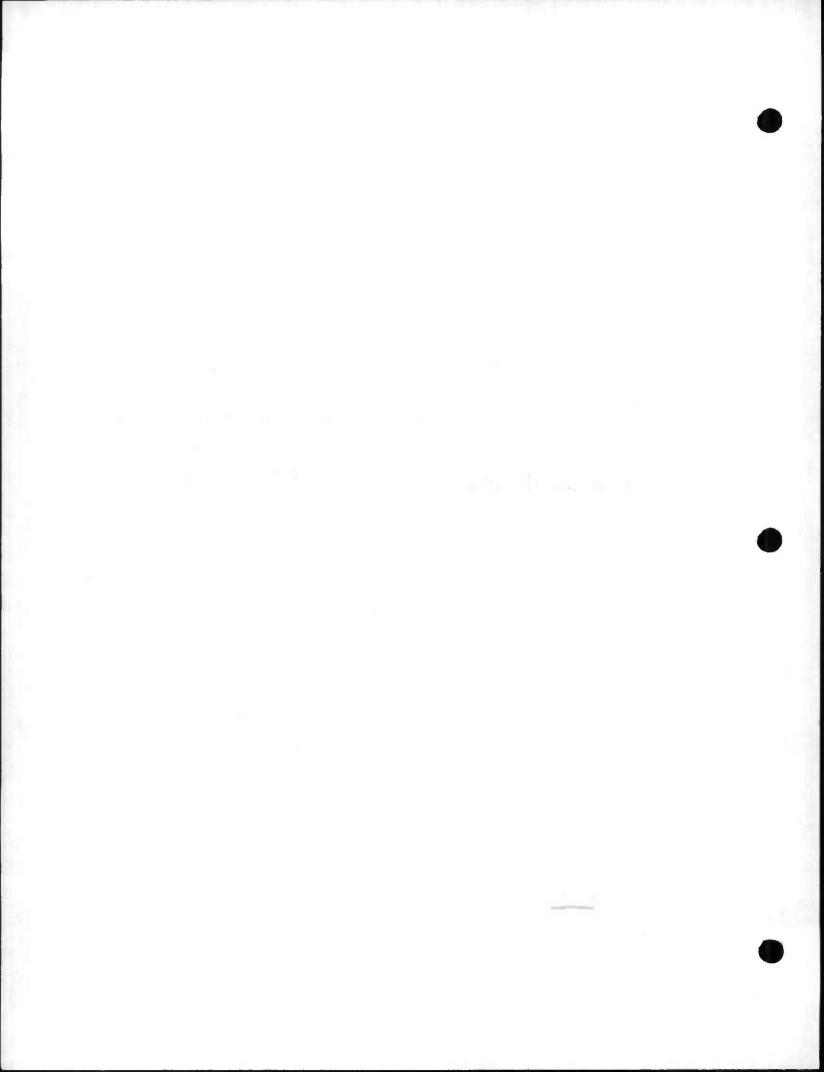
31. DATE FILED (Month, Day, Year)

JAN 171995

DR. ROBERT OFTERS

DHMH-16 Rev 1/89

1724566



	REGISTRAR		CERTI	FICATE	OF DEATH	R	EG. NO.				
		K. CAL				2. DATE OF D	N DAY	14 9"	3. TIME OF DEATH 9.50 PM		
1	220 22 1632	X M 2 □ F	E (In yrs. lest birthde 66 YRS	MONTHS D	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF B (Month, Day April	Year)		BIRTNPLACE (State or Foreign Country) Maryland		
HOL	9a. FACILITY NAME (W not institution, give stree Harbor Hospital				wn on Location of D imore	DEATH		9c. COUNTY			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		177		11						
DIRECTOR	Maryland ====			aty, town on usaltimo:					10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
FUNERAL	4138 Audrey Aven				117	6.A.					
BY	11. MARITAL STATUS 1 Never Married 2 🔯 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  14. RACE— Black, V Specify:							
요	15. DECEDENT'S EDUCAT (Specify only highest grade con	ON	16a. DECEDENT	'S USUAL OCCU	PATION	16b. KINI	OF BUSIN	NESS/INDUST	White		
COMPLETED		College (1-4 or 5+)	IIIe. Do NOT	use retired.)	perator	Pa	ntry	R Pri	de		
BE CON	17. FATNER'S NAME (First, Middle, Lest) Wi	lliam A. C	alvert			AME (First, Middle ra M. C					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	G ADDRESS (S	reet and Number or Rural	Route Number, Ci	ty or Town,	State, Zip Coo	do)		
2	Geraldine M. Cal		4138	Audrey	Avenue				and 21225		
	20a. METNOD OF DISPOSITION  1 1 Burial 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	I from State	ob. PLACE AND DAT emetery, crematory o Glen, Hav	e of disposition of the place in the contract of the contract	N(Name of Park	1/18	Gler	n Burn	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	mame	1	Geo	rge J. Gor	ice Fune	eral	Home 1	P.A.		
$\dashv$	23. PART I. Enter the diseases of the			400	Ritchie	HWY I	Balt1	more,	Md. 21225		
	immediate cause (Finel										
1	resulting in death)  Due to (OR AS A CONSEQUENCE/OF):										
N	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Chryhos	VA- UL	of: the	Hver stinal				many year		
Ĕ	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):	1	1,					
SEH.	d						ng		10		
	PART II. Other algnificant conditions of	ontributing to deeth	but not resulting	in the under	lying cause given in	Part I. 24a.	WAS AN AU		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
EDICAL	abuse Trans				alephol	- 1	YES 2	/	COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CONTRIB			res 🗆 NO		11.00			1 TES 2 NO		
₹ I	25. WAS CASE REFERRED TO MEDICAL	OIL TO CAUSE	26. PLACE OF DE			N/A					
PHYSICIAN:		OSPITAL:		OTHER:	Nome 5 - Residence	4 C 04 - 0					
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. T	-	INJURY AT	28d, DESCRIB		URY OCCURE	· D		
ВУР	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK?						
	3 Suicide 6 Could not be datarmined	26e. PLACE OF INJUR building, atc. (Sp	RY — At home, farm lecify)	, street, factory,	office	281. LOCATION City or Tow	(Street and n, State)	I Number or R	turel Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAE ONE)  2 MEDICAL EXAMINER: 0								space and manner as eleted		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				ENED (Month, Day, Year)		
TO BE	Astayout Our	npusskiku			AS 244				16-95		
ı	30. NAME AND ADDRESS OF PERSON WHO CO PITAYADET JUN 31. DATE FILED (Month, Dily, Year)	OMPLETED CAUSE OF DI 1RUSSIRIA	CUL	HARBO	R HOSPITA	AL ETK	3	00/	S. HANOVER ST		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE NATURE	B	10111111	1	1 4	2122			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



= continue

BALTIMORE, MARYLAND 21215-0020

once.

To

notified

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must

medical examiner

the

injury, or other traumatic event,

shows any

item 23

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. JQ. funeral director, page 5 should be detached signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has been s this certificate h seath with the St marked, or N after death TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dead IMPORTANT: If Item 28 is my

Item19b 1-17-95 FilmG719 W.H.Per F/H FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OFATH ANK 3:35 ANUAR 4. SOCIAL SECURITY NUMBER 5. SEX. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign OCT.6, 1954 DAYS HOURS 1 M 2 F 216-62-1830 40 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SAMARITAN HOSPITAL BALTIMORE CITY RESIDENCE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY MARYLAND 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 112 SOUTH POPPLETON STREET 21201 USA. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE --- American Indian, Black, White, atc. FORCES? 1X YES 2
IF YES, GIVE WAR OR DATES Never Married 2 Married BY 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced BLACK ED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL WALLPAPER COMPANY LABORER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle Maiden Surname) CHESTER GOLDSBOUGH CHESTER DORETHA BE 19a. INFORMANT'S NAME (Type/Print) 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 \*112 POPPLETON STREET, BALTIMORE, MD. 21201 **ELMYRA** TURNER 20a. METHOD OF DISPOSITION
1X Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Donation 5 Other (Specify) GARRISON FOREST CEMETERY 1-17-95 OWINGS MILLS, MARYLAND 21. SIGNATURE OF FUHERILL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** CERTIFICATION

resulting in death)	DUE TO (OR AS A CONSE	HIV OUENCE OF):	INAFOT	ion	/	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	bDUE TO (OR AS A CONSE	OUENCE OF):				
CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
PART II. Other algorificant condition  HIN DEMENT  SPASSIC PA  DID TOBACCO USE CONT	TIA. PRAPARESS	S		_	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Check				
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	OTHE	R: raing Home 5 🗌 Residence	6 Other	r (Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DES	CRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fec	tory, office	281. LOC. City	ATION (Street and Number or or Town, State)	Rural Route Number,
29a. CERTIFIER (Check only	ICIAN: To the beat of my knowledge, de	eath occurred at the	time, date end place, and du	a to the cau	ise(s) end menner as stated	i.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29c, LICENSE NUMBER

31. DATE FILED (Mo

296. SIGNATURE AND TITLE OF

29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or attending p	r use as the		
the hospital	e detached fo		t once.
be retained by	ge 5 should b		e notified a
. Page 6 may	ral director, pa		iner must b
urs after death	in by the funer	r removal.	edical exam
d within L	ompletely filled	l, cremation, or	event, the m
ate be execute	ysician and co	prior to buria	r traumatic
death certific	ne attending pl	Mental Hygiene	lury, or othe
equires that the	an signed by the	of Health and I	hows any in
AN: The law re	tificate has been	e State Dept. o	r item 23 s
DING PHYSICI	After this cen	death with th	s marked, o
IAL OR ATTEN	AL DIRECTOR:	72 hours after	If item 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Wours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the total	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 4/11	an V. Ch	ONTI	E OF DEATH	2. DATE OF DEATH MONTH DAY	11 0)	3. TIME OF DEATH
000 // 150/	6. SEX 6. AGE (In yrs. lest	birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Ver)	6. BIRT	HPLACE (State or Foreign try) . Carolina
9e. FACILITY NAME (If not institution, give street	et and number)	e.d 96. C11	ry, town or location of the ckville		9c. COUNTY OF	
Maryland Montgo	omery	10c. CITY, TOWN	or Location LVille			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 9701 Veirs Driv	ve		101. ZIP CODE 20850	)	10g. CITIZEN OF USA	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES		NWAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic  1  YES 2 NO Specify Cuben	en, Puerlo Rican, etc.)		E - American Indian, ok, White White
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Giv College (1-4 or 5+)	EDENT'S USUAL of kind of work done Do NOT use retired.	e during most of working )	16b. KIND OF BUSI	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)  Martin Luther			Laura	AME (First, Middle, Melden S a Virginia	Buffi	ngton
190. INFORMANT'S NAME (Type/Print) Ann Porterfield			eet,David			,FL32967
20a. METHOD OF DISPOSITION  1	from State cemetery, crem	ND DATE OF DISPO	9)		ATION — City or To	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SERonald Wade,		NAME AND ADDRESS OF F	more St,Ba	Anatom alto.,M	y Board ID21201
23. PART I. Enter the disesses, or complete and the second shock, or heart fallure. List IMMEDIATE CAUSE (Final disesse or condition resulting in death)	pilications that ceused the deat tonly one cause on each line.	is N	tr the mode of dying, such	ch as cardiac or respire	etory arrest,	Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discose or injury that initiated events resulting in death) LAST	afferoso	LENTO,	of to wo	lib vaser e pohon Verliging Co	clas de	usiess une
PART II. Other significant conditions of	contributing to death but not re-	sulting in the u	nderlying cause given in	Pert I. 24s. WAS AN AI PERFORM	ED7	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		ОТНЕ		eck (Htty one)		
	OSPITAL:  O Impellent 2  ER/Outpatient 3		raing nome 3 (.) Residence			
EXAMINERT  1 VEB 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Of Inpetition 2   ER/Outpatient 3   ZSo. DATE OF BLAURY (Month, Day, Year)	DOA 4 Nu	28s. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJ		Decelo Manahar
EXAMMERT?  1 YES 2 NO SI  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	Impatient 2   ER/Outpatient 3     25s. DATE OF INJURY	DOA € □ Nu 250. TIME OF INJURY M e, farm, street, fac	28L INJURY AT WORK? 1 YES 2 NO notice	28d, DESCRIBE HOW INJ 28f, LOCATION (Street and City or Twen, State)	d Number or Plum I	Route Number

32/ARGISTIAN'S SIGNATURO Helia Churclear-Raydall

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAND /							
1. DECEDENT'S NAME (First, Middle, Last)	CE	RTIFICA	IL OF	DEATH	REG. NO			ME OF ORATU
ANDREW MAR	& Crouch				MONTH )	9	275 3.11	ME OF DEATH
	SEX 6. AGE (In yrs. last		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE	E (State or Foreign
,	M2 DF	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year)	-	Country)	)
9a. FACILITY NAME (If not institution, give stree	( and number)	96. 0	CITY, TOWN O	LOCATION OF DE	ATH ( )	9c. COUNT	TY OF DEATH	
WASHINGTON (	co. Hospita	1 1	HADO	estow.	1	14	lash.	nh In 1
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY							200	()/-//
	ington	10c. CITY, TOW	r Spr					INSIDE CITY LIMITS?
100. STREET AND NUMBER	ington	Crea	_	ZIP CODE				YES 2 NO
14355 National	l Piko		101.	217	2.2		EN OF WHAT	COUNTRY?
	2. WAS DECEDENT EVER IN U.S. ARI	MED I	12 WAS DECS		IC ORIGIN? (Specify Yes		SA	
1 Never Married 2 Married	FORCES? 1 YES 2 N	0	if yes, spe	city Cuben, Mexica	n, Puerto Rican, atc.)	1 07 NO 1	Black, White	merican Indian, la, etc.
3 Widowed 4 Divorced	IF 1ES, GIVE WAN ON DAIES		1   TES	2 NO Specify			Spec#Wh	ite
15. DECEDENT'S EDUCAT (Specify only highest grade con		CEDENT'S USUA ve kind of work do	L OCCUPATIO	N t of working	16b. KIND OF BUS	BINESS/INDU	STRY	
		Do NOT use retire	ed.)	t or working				
17. FATHER'S NAME (First, Middle, Last)				_	ME (First, Middle, Maiden			
Philip Crouch				Jeanet	te Norm	an		
Jeanette Crouch					oute Number, City or Tow e, ClearSj			722
20a. METHOD OF DISPOSITION		ND DATE OF DIS					ity or Town, St	
1 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from State comotory cros	matory or other pla		re or	OATE 20C. LO	CALION CI	ty or lown, St	eta
21, SIGNATURE OF PUNERAL SERVICE LICEN	-1-		22. NAME ANI	ADDRESS OF FAC	State	e Ana	tomy	Board
Xanam 111	all 1.12	3-95			reSt,Bal	to,M	D2120	
23. PART I. Entar the diseases, or con	nplications that caused the date tonly one cause on each line.	sth. Do not an	ntar tha mod	a of dying, such	as cardiac or reapi	ratory srre		Approximata
IMMEDIATE CAUSE (Final			_					Onset and Death
disesse or condition resulting in dasth) a	Concentral A  DUE TO (OR AS A CONSEC  THEATH OR  OUE TO (OR AS A CONSEC	bsence	: of	Kidney	3			MINUTES
	DUE TO (OR AS A CONSEC	UENCE OF):	/ 0-0	, .				
Sequantially list conditions, if sny, lasding to immediate	OUE TO (OR AS A CONSEC	WENCE OF):	ty pop!	asia				
cause. Entar UNDERLYING CAUSE (Disease or injury								
that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):						
resulting in death) LAST								
PART ii. Other significant conditions of	contributing to death but not re	euiting in the	underiving	cause alven in	Part i. 24s. WAS AN	ALITOROV	0.41 11500	ALTEROACY FRANCISCO
	onthis ting to seath but not not	rounting in the	diloanying	cause givan in	PERFOR		AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO
					1 YES 2	□ NO		PLETION OF CAUSE EATH?
DID TODACCO LICE CONTRIB	LITE TO CALICE OF DEAL	- VEO -	7.110				10	YES 2 NO
DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (Ch		UNCERTAIN	1 L			
EXAMINER?	OSPITAL:	OTH	IER:					
27. MANNER OF DEATH	Inpetient 2 ER/Outpetient 3  28a. DATE OF INJURY	28b. TIME OF	Nursing Home 28c, INJU		8 Other (Specify) 28d. DESCRIBE HOW II	HIEW COOL	1050	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR		200. DESCRIBE HOW II	NJURY OCCU	MED	
2 Accident Investigation 3 Suicide Could not be	28s. PLACE OF INJURY — At hor	ne, term, street.		3 2 NO	281. LOCATION (Street a	and Number o	r Dural Bouta A	trembar
4 Homicide S Could not be	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	, ,		City or Town, State)	ind Number of	Horal Hobie N	umoe,
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, das	th occurred at the	he time data a	and place, and due	to the enverted and man		4	
	On the basis of examination and/or is							manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER		TENSIA	V =					Mark The Desire
0 00-6	Parl Parl	LALDIN	(2)	29c, LICENSE NUM	LIC IO	29d, DATE	SIGNEO (Mont)	1, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEN	27) (Type, Print)	7 /	11) 04	7017	- //	11/75	
PAUL Shuster, M.D.	2.2 = 1	HAM ST	- Haa	exston	N, MD à	474	0	
JAN 1 7 1995	12, REGISTRAR'S SIGNATURE	4		,				



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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, P.O. BOX 68760	eath certificate be executed with
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5-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nap 6:450 er JAN 199 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 6-56 Ka 1 M 2 F TOWN OR LOCATION OF GEATH Secous RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 101, ZIP CODE 3934 215 Koag 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INQUSTRY College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sur. Mber 196. MAILING ADDRESS (Str 10 METHOD OF DISPOSITION

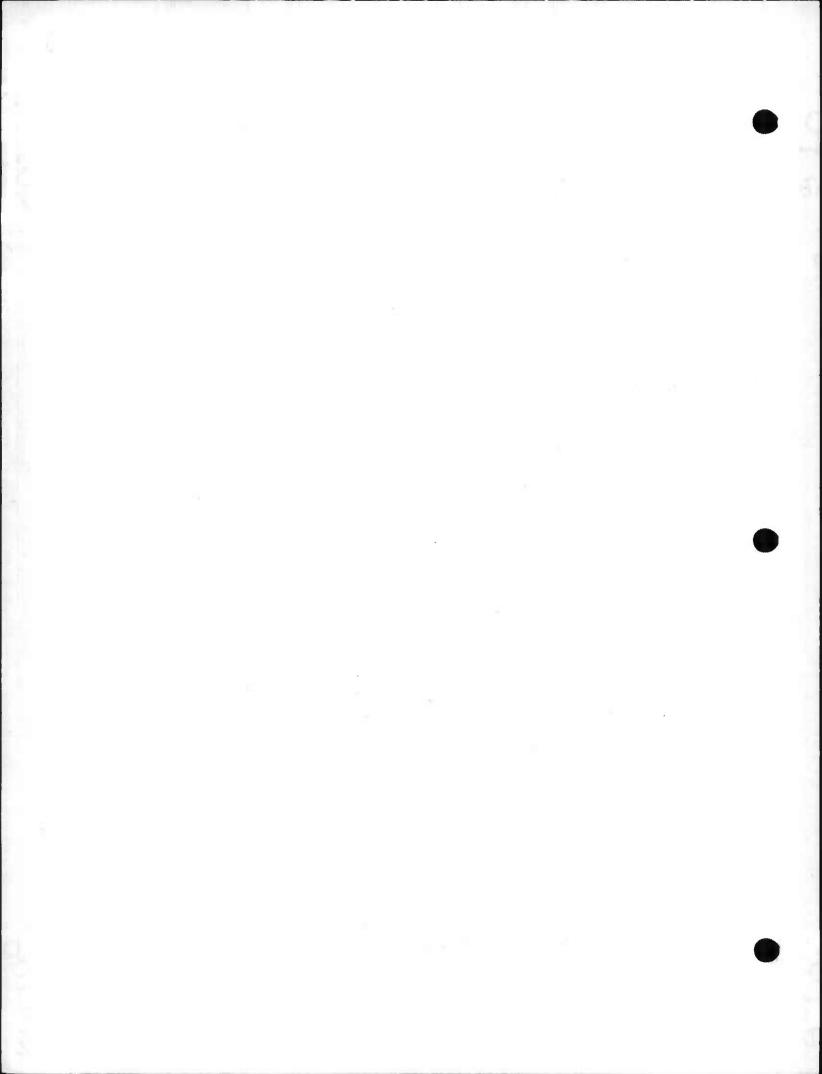
DIRECTOR 10d. INSIDE CITY YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Black BY ETED COMPL BE 2 OATE 20b. PLACE AND DATE OF DISROSITION (Name of 20c. LOCATION - City of 2 Cremation 3 Removal Donation 5 - Other (Specify) 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF 2/2/1 Balto Hd 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ENO STAGE RENAL DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DIABETES MEZLITUS CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO MALNUTRITION; INFECTED GRAFT COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? PERPHENAL VASCULAR DISEASE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetlant 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВУ Investigation 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be 9 4 Homicide COMPLET 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H 03027 2 JHN much 12 1991 0 ANO AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MA 5 millen Bon SECTURS 1405P17A-L

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

JAN 1 7 1995 Win Davolson Reveal

**DHMH-16 Rev 1/89** 



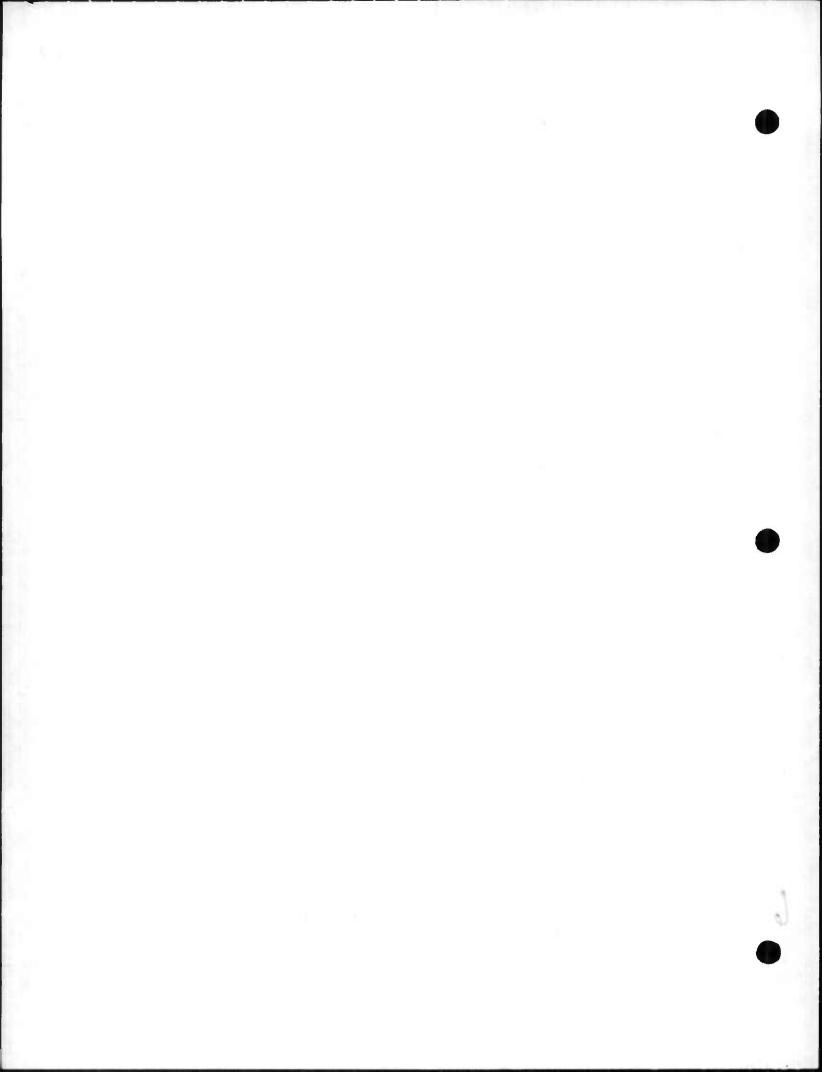
DIVISION OF VITAL RECORDS, P.O. BOX 68760  TO THE HOSPIN OF CHICAGO PRINCIPLY. The law requires that the death certificate be executed with thousand free of may be retained by the hospital or attending physician. TO THE FUNEW UNHERTHEN THE State Dept. of Health and Mental Hydiens prior to burial, cremation, or removal.
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ransit permit. Pages 1, 2, 3 should UNHOUR AMENDER this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It may be not the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE	
		CE	ERTIFICATE	OI	F DEAT	ГН		REG NO	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF			GIENE 3. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DE	ATH	3. TIME OF DEATH
	EVELYN JEANNET					JANUARY	/ 11 19	995 10:20 P M
	4. SOCIAL SECURITY NUMBER 213-01-2065	1 □ M 2 💢 F 89	T. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS	SEPT.		e. BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	90. FACILITY NAME (If not institution, give s NO. ARUNDEL NURS RESIDENCE OF DECEDENT		NTER		BURNIE	DEATN		VE ARUNDEL
DIRECTOR	10a. STATE 10b. COUNTY	E ARUNDEL	10c. CI7	PASADE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 182 DUNLAP ROAD			10	7. ZIP CODE 211	22	10g. CITIZI	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	NO	If yes, s	CENDENT OF HIS ecify Cuban, Max 2 X NO Spe	PANIC ORIGIN? (Specicen, Puerlo Ricen, a locify:	olfy Yes or No 1	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION 16st Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON asl of working	31,000	OF BUSINESS/INDU	
	17. FATHER'S NAME (First, Middle, Last)  JOHN RUHL NIES		02	- TRE-00		NAME (First, Middle, I	Maiden Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print)  DARLENE J. HARRIS	\$			and Number or Rur	PASADENA	or Town, State, Zip C	Code)
	20a. METHOD OF DISPOSITION 1	20b. PL/	ACE AND DATE	OF DISPOSITION (N	ime of		Oc. LOCATION CI	ity or Town. State
	21. SIGNATURE OF FLAVERAL SERVICE IN	ENSFE	KU CKE	STALL	INGS FUI	VERAL HOM	E, P.A.	, MD 21122
	23. PART I. Enter the disesses, or of ahock, or heart failure.	complications that caused the	e death. Do	not enter the mo	de of dying, s	uch as cerdisc or	respiretory srre	st, Approximats
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	CEREB		BCULA	a Ac	CIDE	VT	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COI  DUE TO (OR AS A COI  C.  DUE TO (OR AS A COI  d.	NSEQUENCE O	F):				
MEDICAL (		Mellitus  idisa, Sesze				P	AS AN AUTOPSY ERFORMED? VES 2 10	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTR					UN []		1 TYES 2 THO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. F HOSPITAL: 1 Inpetient 2 ER/Outpetier		TN (Check only one) OTHER:	1 10036			
у РНУ	27. MANNER OF DEATN 1- Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TiM	E OF 28c. IN.		28d. DESCRIBE	NOW INJURY OCCU	JRED
DE BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	it home, ferm, a			281. LOCATION (		r Rural Route Number,
)		CIAN: To the best of my knowledge						
CO		R: On the beals of examination and	Vor Investigation	n, in my opinion, c				
TO BE	296. SIGNATURE AND TITLE OF CENTIFIEN	2			DYO(	F91		SIGNED (Morith, Day, Year)
	SYED RIAZ, M.D.,				AD, LIN	THICUM, M	D 21090	
		32. REGISTRAR'S SIGNATUR						



4			and the	١	•
Car	BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunial-transit permit Pees 1.2	)	al examiner much be notified at case
	BA	fter de	the fi	oval.	2 av

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	IENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  Dorothy Anna 4. SOCIAL SECURITY NUMBER	Mc Clelland				2. DATE OF DEATH DAY	3.1993	3. TIME OF DEATH  2:00 P
216–16–5041  96. FACILITY NAME (If not institution, give st	1 🗆 M 2 🔀F	71 YRS. MON	NTHS DAYS  CITY, TOWN O	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, War) Feb. 21, 192	Country)	Maryland
Manor Care- Rus	rton		Ba:	1timore			
	imore	10c. CITY, TO	OWN OR LOCATI	Chase			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
P.O. BOX A			10f.	21227 2		10g. CITIZEN OF WI	
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	If yes, spe	ENDENT OF HISPAN Inclify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yes or n, Puarto Rican, etc.)	r No— 14. RACE Bleck, Specify	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 Completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use ret	done during mos tired.)	N at of working	16b. KIND OF BUSIN	of Maryl	
17. FATHER'S NAME (First, Middle, Last)		DCOLCO	ar j		ME (First, Middle, Malden Su	mame)	
Martin John 19a. INFORMANT'S NAME (Type/Print)	Godack	10h MAILING AO	OGESS (Street at	nd Number or Rural F	Pourte Number City or Town	owski	
Debbie McClail	and McCLELLAND	P.O.Bo	X A. C	hase Mar	yland 210	127	
20e. METHOD OF DISPOSITION 1 C Buriel 2 Cremetton 3 Remo	oval from Stata camete	PLACE AND DATE OF DI lery, cremetory or other p Gardens	of Fai	th 1/17	/95 Ross	TION — City or Tow SVILLE N	12
21. SIGNATURE OF FUNERAL SERVICE LIC	Cornell	N	Connel 300 Ma	ce Ave.	al Home of Baltimore N	1d. 2122:	1
iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on eac	CONSEQUENCE OF):					Approximate interval Batween Onset and Death
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C						
PART II. Other eignificant condition	s contributing to death but	not resulting in the	ne underlying	cause givan in	Part I. 24a. WAS AN AU PERFORMI 1   YES 2 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	THER;	ACE OF DEATH (Che			
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suickde 8 Could not be determined	1 Inpatient 2 ER/Outputi 28a. OATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY Z building, etc. (Specify	28b. TIME OF INJURY	P 28c. INJU WOF 1 Y	URY AT RK? 'ES 2 DAYO	8 Other (Specify)  28d. DESCRIBE HOW INJ  281. LOCATION (Street and City or Town, State)	SesTa	ATOST
	CIAN: To the best of my knowled R: On the bests of exemination s	dge, death occurred at					and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES	Orbina	H (ITEM 27) (Type, Prir	TIEN III	D-U9	383	29d, DATE SIGNED	Morith, Day, Year)  3/95  moste / nd
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE,	408 M	CA BENY	Opse -11	HUMK	1/44///

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

Call Laboratory

ITEMS: 23 PART I, 27, PER MEO FILM G-719 1/19/95 t.t

predicting and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should all many many physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. any injury, or other traumatic event, the medical examiner must be notified at once, TO THE HOSPITAL OH ATTENDING PHYSICIANT The Jaw may TO THE FUNERAL DIRECTION. After this certificials high been be filed within 72 Insura after death with the Sizes Capital Committee of MPORTANT. If item 28 is marked, or item 28 ships and the committee of the c

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		T	3. TIME OF DE	ATH
ERNEST	CARTER				JAN		1 C	YEAR 5	0301	Дм
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH		-	LACE (State or	
214-56-8650	X M 2 □ F	42 YRS. MO	NTHS DAYS	HOURS MIN.		25. 1		Country; NEW		
9a. FACILITY NAME (If not institution, give street	and number)		CITY, TOWN C	R LOCATION OF D		23, 1	95 COUNT			
LIBERTY MEDICAL	CENTER	E.R.	BALTI	MORE C	TTY					
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CIT	TY
MARYLAND			BALTI	MORE CIT	ſΥ			- 1	YES 2	NO
10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZI	EN OF WI	HAT COUNTRY?	
912 BROOKS LANE,	APT. 2A			2121	L <b>7</b>		U	SA.		
	. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No-	4. RACE	— American Inc	dien,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			city Cuban, Maxico		ican, etc.)		Specify	White, etc.	
								BLAC	K	
15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	16a. DECEDENT'S USU (Give kind of work	done during mos	N It of working	16b.	KIND OF BU	SINESS/INDU	STRY		
	college (1-4 or 5+)	Ille. Do NOT use ref	rired.)		CA	O A	C	OMPA	NV	
10th GRADE		DRIVER						UMPA	MI	
17. FATHER'S NAME (First, Middle, Last)	CAREER			18. MOTHER'S NA	AME (First, Mi					
ERNEST	CARTER			MARY			THERS			
19a. INFORMANT'S NAME (Type/Print)	Carter			nd Number or Rural						
CAROLYN GART	1 001001	912 BR	OOKS L	ANE, APT	.2A, B	ALTIM	ORE, 1	MARY	LAND 2	1217
20g, METHOD OF DISPOSITION 1 (A Burial 2   Cremation 3   Removal		PLACE AND DATE OF DI			DATE		CATION - CI			
4 Donation 5 Other (Specify)		ESTERN STAI							, MARY	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	)	22. NAME AN	PH H. BR	ACILITY OWN .I	R. FII	NERAL.	ном	E. P.A	
I Wany		20		W. BALT						
23. PART i. Enter the diseases, or com	plications that ceuse	the death. Do not a							Approxim	
anock, or neart failure. List	only one cause on a	ech iine.		, , , , , ,		or or roup.	atory arro	.,	interval I	Between
IMMEDIATE CAUSE (Final disease or condition	ATHEROSCLERO	TIC CAPDIOVAS	CIII AD D	ICEACE					Oneat ar	nd Death
resulting in death) a		CONSEQUENCE OF:	OCOLAN D	IDLADE					-	
_ :::		t condition of j.							İ	,
Sequentially list conditions, b.		CONSEQUENCE OF):							-	
if any, leading to immediate cause. Enter UNDERLYING	INC. SELECT	10.5411							İ	- 1
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							<del> </del>	
reaulting in death) LAST										
									+	
PART ii. Other aignificant conditions co	ontributing to death b	ut not resulting in th	e underlying	cause given in	Part i.	24s. WAS AN PERFOR			VERE AUTOPSY	
· · · · · · · · · · · · · · · · · · ·						TYES 2			COMPLETION OF OF OEATN?	
						,—			VES 2	NO
DID TOBACCO USE CONTRIB	UTE TO CAUSE O	F DEATH YES	□ 0N □	UNCERTAIL	N 🗆				7	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)							
1 (1)	OSPITAL: ☐ Inpetient 2 XER/Outp		HER: Nursing Home	5 - Rasidence	6 Other	(Specify)				
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF	26c. INJI	IRY AT	_		NJURY OCCU	RED		
1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO						
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm, atreet	, factory, office		281, LOCAT	FION (Street 4	nd Number o	r Rural Roi	ute Number	
4. Homicide determined	building, atc. (Spec	effy)			City or	Town, State)				
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	t To the heat of our t	la de la de		and was a second				_		
	to the best of my know									
MEDICAL EXAMINER: O	The Deale of examination	end/or investigation, in	my opinion, de	attn occured at the	time, data a	nd place, en	d due to the	ceuse(a)	and manner ea	stated.
29b. SIGNATURE AND FITLE OF CENTIFIER	11/1			29c. LICENSE NUI					Wonth, Day, Year,	
	Cuc			O.C.M	. Е		▶ JA	N	11,1.99	95
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Print	2)							
	/	.11 Penn		t, Bal	timo	re, M	aryl	and	2120	1

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O.O. BOX 68760,
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RDS, P.O. BOX 68760,
S, P.O. BOX 68760,

DIVISION OF VITAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
	1. DECEDENT'S NAME (First, Middle, Last) ESTHER		OHEN		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
TOR	4. SOCIAL SECURITY NUMBER 5.		RS.	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2-28-08	8. BIRTINPLACE (State or Foreign Couply)  8. USSIA						
		NURSING HOME		96. COUNTY OF DEATH  BALTIMORE								
DIRECTOR	MD . 10b. COUNTY	10	BALTIMO			10d. INSIDE CITY LIMITS? 1 YES 2 \(\sum \) NO						
BE COMPLETED BY FUNERAL	2434 W. BELVEDERE	AVE. (LEVINDALE		101. ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY? U.S.A.						
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MO IF YES, GIVE WAR OR DATES	If yen,	ECENDENT OF HISPANIC ( specify Cubsn, Maxicen, P ES 2 NO Specify:								
	15. DECEDENT'S EDUCATI (Specify only highest grade continued in the contin	college (1-4 or 5+) (Give killer Do	ENT'S USUAL OCCUPA ind of work done during NOT use retired.)	TION most of working	16b. KIND OF BUSINESS/INDUSTRY							
	17. FATHER'S NAME (First, Middle, Last) SAMUEL COH	EN		18. MOTNER'S NAME (First, Middle, Maiden Surname) Moll Pollie HOFFMAN								
5	19a. INFORMANT'S NAME (Type/Print) NATALIE NOZHINA		ALEVINDAL	t and Number or Rural Rout E 2434 W.E	BELVEDERE		LTO., MD					
	20a. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE FICENS	NC. ALTO.,MI	21215									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate Interval Batween Onset and Death											
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. Premissing N A DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 (24) OF											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
	1 Per 2 No. 1 Pending 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)  27. MANNER OF DEATN 1 Pending 5 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO. 28d. DESCRIBE NOW INJURY OCCURED											
TED	3 Suicide 4 Homicide  8 Could not be datarminad  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)											
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) end manner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.											
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER  Mathew Physics AM  D45757  29d. DATE SIGNED (Month, Day, Year)  1/13/95											
	MATTHEN MENABURY 2434 W. BELVEDERE BALT, 49											
	31. DATE FILE MONTH (17. 1995)	3 Julia William Rand	all									

CODITION OF THE STATE OF THE ST

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

To A CASE IN COLUMN PRINCIPAL THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			_										HEG. NO.			
	- 8	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY  YVONNE  COWLEY  1.2 1.6										YEAR	3. TIME OF DEATH			
		Yvonne						Jan. 13 1995				8:25 A M				
		4. SOCIAL SECURITY NUMBER				In yrs. lest birthday)		IF UNDER 1 YEAR				7. DATE OF BIRTH (Month, Day, Year)		S. BIRTHP		HPLACE (State or Foreign
		081–38–383	9	1 🗌 M 2 🔀 F	4	/ YRS.	MON	THS DA	W8	HOURS	MIN.	July		1947	Nev	y York
3 should		9a, FACILITY NAME (If not institution, give street and number)					9b.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						EATH		
2, 3	8	6645 Windsor Court						Columbia					Howard			
	DIRECTOR	RESIDENCE OF DECEDENT														
Page	E	10a. STATE 10b. COUNTY Maryland Howard 10c.				10c. CI	CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
H.		10s. STREET AND NUMBER			Columbia								1 TES 2 TINO			
the burial-transit permit. Pages 1,	MA	6645 Windsor Court						101. ZIP CODE 10g. CITIZEN OF W								
trans	FUNERAL							13. WAS DECENDENT OF HISPAI							U	.S.A.
urial	윤	11. MARITAL STATUS  1 Never Married 2 🛣	Married	FORCES? 1	YES 2	S NO		t3. WAS	DECE s, spe	ENDENT C	F HISPAN n, Maxica	NC ORIGIN n, Puerto I	17 (Specify Yea Rican, etc.)	or No-	14. RACI Black	E — American Indian, k, White, atc.
the b	à l	3 Wildowed 4 Divorced IF YES, GIV			AR OR DATE	S	1 TYES 2 NO Specify				y:			Specify White		
82	E COMPLETED	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUSTRY										WILCE				
for use		(Specify only Elamentary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT	work o	done durin	g mos	t of workin	g	""		J		
bed ft		called and y constructly (o	'.'	2.	"	Pr	esi	iden	t.			B	ookkee	pina	Com	pany
detach once,		17. FATHER'S NAME (First, Middle, Last)									IER'S NAI	_	Middle, Maiden			
be of		Frank A. De	Cesare	2						Eve.	lyn 1	Laws	on			
5 should notified	B	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILIN	G ADD	RESS (Str	reet an	nd Number	or Rural F	loute Numi	ber, City or Tow	n, Statu, Zip	Code)	
not	2	Thomas F. C	owley	Jr. (Spo	ouse)	6645	Wir	ndso:	r (	Cour	t Co.	lumb	ia Mar	ylan	d 21	044
d in by the funeral director, page 5 should be detached or removal.  medical examiner must be notified at once.		20a. METHOD OF DISPOSITI			20b. PL	ACE AND DATE	OF DIS	SPOSITIO	N (Nen	ne of 0.1	17	O E DAT	E 20c. LO	CATION —	City or To	own, State
must		4 Donation 5 Other		Wai from Stata	- Col	ry, cremetory or umbia	other pi	nori	al	Parl	-   / -: {	1	Cla	rksv	ille	, Maryland
iner iner	- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
e funeral dir i. examiner	9	Leroy M & Russell C Witzke Funeral Homes														
y the noval.		23. PART I. Enter the di	anne de c	omnilications the	e caustidali	a death Do	201.0	163	0 E		ndso	n Av	enue C	Catonsville Maryland		
d in by th or remova medical		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart failure. List only one cause op each line.														
		IMMEDIATE CAUSE (Final disease or condition MPTACTA TO DEACT CARLOSTO I CONTROL TO THE CARLOSTO														
remat		resulting in death)														
ending physician and completely filled I Hygiene prior to burial, cremation, of or other traumatic event, the n		DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):														
and or	CATION															
Siciar	CAT	cause. Enter UNDERLYING														
ene the	RTIFIG	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):														
Hyg or o	FE	resulting in death) LAS1	r	1.												
red by the attending physician a tth and Mental Hygiene prior to any Injury, or other traum:	CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS														
and h	DICAL	Salar advantage contributing to death but not resulting							iying	cause g	liven in	Part I.	Part I. 24a, WAS AN AUTOPSY PERFORMED?			. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed by the Health and I have any In	ă	<u> </u>						1 YES 2 [N/NO				OF DEATH?				
5 o 6	ME	1 TES 2 NO												1 TES 2 NO		
has be Dept.	AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN														
State (	$\overline{\Box}$	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		PLACE OF DE		HER:	one)							
certificate the the State of, or Item	×	t YES 2 MINO 27. MANNER OF DEATH		1   Inpatient 2		7	_	_			sidence	8 Othe				
wit	F	***	Pending	28a. DATE OF (Month, D		28b. Ti	JURY	- 1	WOR			28d. DESCRIBE HOW INJURY OCCURED  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	В	2 Accident	nvestigation	280 81 405 0	E IN HIRW	***************************************		· ·		ES 2 [	NO					
after d	입		Could not be	building,	atc. (Specify)	At home, farm,	streat,	, ractory,	offica							
OIRECTOR: After hours after death item 28 is ma	E I	29a. CERTIFIER		11 *	_											
를 받으 한 원	MPL	(Check only		CIAN: To the best of												
MPORTANT:	Ö	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.														
	шШ	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)														
1 ×	TO B	D 33224 JANUARY 13, 1995														
	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
		K-VKEHANMO SOW EDMONSTON OF +401, KOCKYLLE, MO														
	ĺ	31. DATE FILED (Month, Day, 1	95	32 DEGISTRA	PRODU	黑										
		JAN I 1 19	22 0"													

	ITEM: 1. PER F.H. FILM		le de						
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v -	3. TIME OF DEATH	
	EDWARDS EDWARD	В	CAT	ES			6.1995	11:15 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)	8. Bil	RTHPLACE (State or Foreign untry)	
	220 20 300111	¹ <del>√</del> M <sup>2</sup> □ F 6	5 YRS.	MONTHS DATS	HOURS MIN.	10-06-2		RTH CAROLIN	
1	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH	
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTIMO	DRE CITY		NONE		
M E	10a. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
		NONE		BALTI	MORE CI	TY		LIMITS?	
FUNERAL	10a, STREET AND NUMBER			10	f. ZIP CODE			F WHAT COUNTRY?	
当	1744 N. BOND ST				21213		UNITE	D STATES	
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, s	ecify Cuben, Mexice	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. R.	ACE — American Indian, lack, White, etc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES AL	1 TYES	NO Specifi	y:	AFRIC	AN AMERICAN	
0	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUSTRY	Y	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT us	vork done during m e retired.)	ost of working				
COMPLET	11TH	NONE	MEAT P	ACKER		SALVO	A AND	JACKS	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE	BERNICE CATES					AURA BEZ			
2	190. INFORMANT'S NAME (Type/Print) GENEVA CATE	· S				Route Number, City or Tow			
9	200. METHOD OF DISPOSITION		PLACEANDDATE	N. BO		BALTO, MI	CATION — City or	213	
	1X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al Irom State Cerr	etery, cremetory or of	ther place)		1			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Hyte:	A MEM		PARK 1 ND ADDRESS OF FA		GRANITI	E, MD.	
	Yahia R	Vine -	A.			CRUGGS F			
	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do n	11412	E. PRE	STON ST.	BALTO	MD 21213	
	ahock, or haart fallura. Lie IMMEDIATE CAUSE (Final	at only one cause on a	ach Ilna.				atory arrest,	Interval Batween Onset and Death	
	disease or condition resulting in death)	Heart	Fail	150				10 100	
	resulting in dealth) , a.	DUE TO (OR AS A	CONSEQUENCE OF	7: 0				10 days	
Z	Conventibility list conditions (b.	Myoca	dia	Inta	reflen	S		14 day	
I		Sequentially list conditions,  b. // 90 C C C 1 a:							
2	If any, leading to immediate cause. Enter UNDERLYING								
	cause. Entar UNDERLYING CAUSE (Disease or injury	COCOC	CONSEQUENCE OF	ten (	MISRALL	)		Years	
FF	cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	teg (	Misegue			lears	
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				Mislail	,		Years	
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				g cause givan in	Part I. 24a. WAS AN		LAD. WERE AUTOPSY FINDINGS AMELABLE PRIOR TO	
	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				g cause givan in		IMED?		
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  Benal Fara	contributing to death b	ut not reaulting l	n the underlyin		PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal Fail  DID TOBACCO USE CONTRI	contributing to death b	ut not resulting l	n the underlyin		PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal Falu  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTION TO CAUSE O	F DEATH YE	n the underlyin	UNCERTAIN	PERFOF	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal Falu  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE O	F DEATH YE 26. PLACE OF DEAT etlent 3 DOA	n the underlyin  SNO L  H (Check only one)  OTHER:  4   Nursing Hone  OF   26c. IN.	UNCERTAIN  THE 5   Residence	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal Fall  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  Netural 5 Pending	CONTRIBUTE TO CAUSE O	F DEATH YE  28. PLACE OF DEAT	n the underlyin  NO L  H (Check only one)  OTHER: 4   Nursing Hone  E OF 26c. IN.  URY	UNCERTAIN	PERFOF	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal Fara G  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 (KNO)  27. MANNER OF DEATH	BUTE TO CAUSE O  HOSPITAL: Lipetient 2 ER/Outp  26e. DATE OF INJURY  28e. PLACE OF INJURY	F DEATH YE  28. PLACE OF DEAT  setlent 3 DOA  26b. TIME INJU  At home, farm, s	n the underlyin  NO L  H (Check only one)  OTHER: 4	UNCERTAIN  10 5   Residence  1URY AT 17 YES 2   NO	PERFOR  1 YES 2  6 Other (Specify)  26d. DESCRIBE HOW I  281. LOCATION (Street	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditiona  Benal Fall  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	BUTE TO CAUSE O	F DEATH YE  28. PLACE OF DEAT  setlent 3 DOA  26b. TIME INJU  At home, farm, s	n the underlyin  NO L  H (Check only one)  OTHER: 4	UNCERTAIN  10 5   Residence  1URY AT 17 YES 2   NO	PERFOR 1 YES 2  Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Benal fall (4)  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Sulcide 6 Could not be determined  29e. CERTIFIER (Check only)	BUTE TO CAUSE O  HOSPITAL: Lipetient 2 ER/Outp  26e. DATE OF INJURY  28e. PLACE OF INJURY	F DEATH YE  28. PLACE OF DEAT  setlent 3 □ DOA  28b. TIME  At home, farm, s	NO L H (Check only one) OTHER: 4   Nursing Hon E OF   26c. IN. WY M   1	UNCERTAIN  THE 5 Residence SURRY AT SPECT PROPERTY  UNCERTAIN  THE STATE OF THE SPECT PROPERTY  THE STATE OF THE STATE OF THE SPECT PROPERTY  THE STATE OF THE ST	PERFOR  1 YES 2  6 Other (Specify)  26d, DESCRIBE HOW I  281, LOCATION (Street City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  DID TOBACCO USE CONTRII  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Sulcide 6 Could not be determined  29e. CERTIFIER (Check only	BUTE TO CAUSE O  HOSPITAL: Inpettent 2 ER/Outp  (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	F DEATH YE  28. PLACE OF DEAT  Stient 3 DOA  26b. TIME  At home, farm, s  ledge, desth occurre	n the underlyin  NO L  H (Check only one)  OTHER: 4   Nursing Hon  E OF 26c. IN.  WY  1    treet, lectory, officed at the lime, date	UNCERTAIN  THE 5 Residence  SURRY AT  SPECT NO  THE STATE OF THE SPECT NO	6 Other (Specify)  26d. DESCRIBE HOW I  City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Be A a   Fa   a    DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   CNO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation 3   Suicide 6   Could not be 4   Homicide   Certifier  Check only one) 2   MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	BUTE TO CAUSE O  HOSPITAL: Inpettent 2 = ER/Outp  26e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	F DEATH YE  28. PLACE OF DEAT  Stient 3 DOA  26b. TIME  At home, farm, s  ledge, desth occurre or end/or investigation	n the underlyin  NO L  H (Check only one)  OTHER:  4   Nursing Hon  E OF   26c. IN.  WY  1    drest, lectory, office  d at the lime, date  n, in my opinion, of	UNCERTAIN  The 5   Residence  FURY AT  FURK?  YES 2   NO  The end place, and due  feeth occured at the	PERFOR  1 YES 2  6 Other (Specify)  26d. DESCRIBE HOW I  281. LOCATION (Street City or Town, State)  10 The cause(e) and mail time, date and place, en	NJURY OCCURED and Number or Run iner as stated. d due to the ceus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  BI Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Be A a   Fa   a    DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   CNO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation 3   Suicide 6   Could not be 4   Homicide   Certifier  Check only one) 2   MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	BUTE TO CAUSE O  BUTE TO CAUSE O  HOSPITAL:  Lopestent 2 = ER/Outp  26e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	F DEATH YE  28. PLACE OF DEAT  Stient 3 DOA  26b. TIME  At home, farm, s  ledge, desth occurre or end/or investigation	n the underlyin  NO L  H (Check only one)  OTHER:  4   Nursing Hon  E OF   26c. IN.  WY  1    treet, lectory, office  d at the lime, date  n, in my opinion, of  Print)	UNCERTAIN  The 5   Residence  FURTY AT  SPIK?  YES 2   NO  The electric of the course	PERFOR  1 YES 2  6 Other (Specify)  26d, DESCRIBE HOW I  281, LOCATION (Street City or Town, State)  10 The cause(e) and maintained, date and place, end  4BER	NJURY OCCURED and Number or Run liner as stated. d due to the ceus 29d. DATE SIGN	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  BI Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Be A a   Fa   a    DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   CNO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation 3   Suicide 6   Could not be 4   Homicide   Certifier  Check only one) 2   MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	BUTE TO CAUSE O  HOSPITAL:  Linpstent 2 = ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	F DEATH YE  28. PLACE OF DEAT  26b. TIME  26b. TIME  27) (Type.	n the underlyin  NO L  H (Check only one)  OTHER:  4   Nursing Hon  E OF   26c. IN.  WY  1    drest, lectory, office  d at the lime, date  n, in my opinion, of	UNCERTAIN  The 5   Residence  FURTY AT  SPIK?  YES 2   NO  The electric of the course	PERFOR  1 YES 2  6 Other (Specify)  26d. DESCRIBE HOW I  281. LOCATION (Street City or Town, State)  10 The cause(e) and mail time, date and place, en	NJURY OCCURED and Number or Run liner as stated. d due to the ceus 29d. DATE SIGN	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  81 Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Bead for a graph of the conditions  DID TOBACCO USE CONTRII  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO CONTRILED TO COMMENT OF THE CONTRIBUTED TO COMMENT OF THE CONTRIBUTED TO COMMENT OF THE CONTRIBUTED TO COMMENT OF THE	BUTE TO CAUSE O  HOSPITAL: Inpettent 2 = ER/Outp  26e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	F DEATH YE  28. PLACE OF DEAT  26b. TIME  26b. TIME  27/ (Type.)	n the underlyin  NO L  H (Check only one)  OTHER:  4   Nursing Hon  E OF   26c. IN.  WY  1    treet, lectory, office  d at the lime, date  n, in my opinion, of  Print)	UNCERTAIN  The 5   Residence  FURTY AT  SPIK?  YES 2   NO  The electric of the course	PERFOR  1 YES 2  6 Other (Specify)  26d, DESCRIBE HOW I  281, LOCATION (Street City or Town, State)  10 The cause(e) and maintained, date and place, end  4BER	NJURY OCCURED and Number or Run liner as stated. d due to the ceus 29d. DATE SIGN	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  BI Route Number,	

Walter State

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF N							MENTAL	HYGIEN			
	1, DECEDENT'S NAME (First, Middle, Last)			7					2. DATE O	OF DEATH	AY 1.0	OYEAR	3. TIME OF DEATH
	James  4. SOCIAL SECURITY NUMBER	5. SEX				- VEAR	IF UNDER	24 1496	Jan 7. DATE O		, 19		3:20 p <sub>M</sub>
	216-05-2811	1 K M 2 F	86	YRS.	MONTHS	DAYS	HOURS		Marc	Day. Mar)	1908	Counti	ry)
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	r, TOWN O	R LOCATH	ON OF DE	ATH		9c. COU	NTY OF D	Maryland MEATH
PO	Harford Gardens N	fursing Co	rsing Center Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Υ		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY
	New York A:	1bany			Al	Lbany	7						LIMITS?
MA	10e. STREET AND NUMBER					101.	. ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	69 Cresent Driv						1220					USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married XXXWidowed 4 Divorced	S. SEX   1	ecify Cuba	OF HISPAN in, Mexican Specify:	n, Puarto Ri	(Specify Yes loan, atc.)	or No-	14. RACE Black Speci	E — American Indian, k, Whita, atc. #y: White				
TED	t5. DECEDENT'S EDU (Specify only highest grade		18a. DEC	CEDENT'S	USUAL O	CCUPATIO during mos	IN st of workin	ng .	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)		+}						Ch		1 400	1 4	. 1
OME	17. FATHER'S NAME (First, Middle, Last)			nemi	LSt	$\overline{}$	16. MOTI	HER'S NAI		emica]		lysı	S
BEC	James	Cowman					211	roli		rouse,	00111311111,		West
TO B	19a, INFORMANT'S NAME (Type/Print)					DRI	nd Number	or Rural A	Poute Numbe				
-	Edward W. Cowman	<u>a</u>				it De	TVI	A1b					
	20a. METHOD OF DISPOSITION  1  Burial	ioval from Stata	cemetery, cren	matory or o	ther place)				DATE		CATION —		
	21. DOMATURE OF FUHERAL SERVICE LIC	CENSER /	Green	imour.	_			SS OF FAC	1/1	/ Bal	Ltimo	re,	Maryland
	Jonnes Nes	Kertt	make							d Home			1010
1	23. PART i. Enter the diseases or a	complications that	t caused the der	ath. Do r	not enter	the mor	de of dy	ng, such	n as cardi	ac or respi	ratory arr	rest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	0/		1	ku a	lahe	ume	NÁ	type				interval Between Onset and Death
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEO	DUENCE O	P):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEO	DUENCE OF	F):								
	PART II. Other significant condition	ns contributing to	death but not re	esulting	in the ur	derlying	CAUSA (	-lven in i	Dart I	24a. WAS AN	ALITOPSY	245	. WERE AUTOPSY FINDINGS
MEDICAL	A Chronic gai	nus) straintes	tinal)	hemi	onha	(40)			_	PERFOR	RMED?	490	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN:	DID TOBACCO USE CONTI	RIBUTE TO CA					UNC	ERTAIN	1 🔼 📗				
Sici	EXAMINER?				OT/HEF	R:	- 🗆 0-						
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	URY AT	aldence		(Specify) CRIBE HOW IF	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 [	-					
	3 Suicide 8 Could not be determined	building,	etc. (Specify)						City or	TION (Street a r Town, State)			loute Number,
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the besis of ex					eath occur	red at the t	time, date a				i) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MS					- 0	284			29d, DATE	E SIGNED	16/95
	J. Boston m.					00	Har	to-1	Rd.				
	31. DATE FILED (Month, Day, Year)  JAN 1 7 1995	32. REGISTRAI	A' Rarball										



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR					MENTA	AL HYGIEN			
	COMPAND T D. CC											TIME OF DEATH		
	4. SOCIAL SECURITY NUMB 220-88-1288	ER	5. SEX 1		yrs. last birthday) 8 YRS.	#F UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		6. BIRTHPLACE (State or Foreign MARYLAND	
25	90. FACILITY NAME (If not in Union Me	emori	treet and number) al Hosp	ital				imo1		ATH			n/a	тн
DIRECTOR	100. STATE MARYLAND	10b. COUNTY	n/a		10c. CIT	Y, TOWN O	R LOCAT						ž	Dd. INSIDE CITY V LIMITS? VES 2 NO
LONELAL	100. STREET AND NUMBER		Wolfe SI	reet			101	ZIP COD	e TIM	<del>OR</del> E	21213	10g. CITIZ	ZEN OF WH	AT COUNTRY? STATES
	11. MARITAL STATUS 1. Never Merried 2  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EYER IN U	J.S. ARMED 2 1 NO ES	13. \	MAS DEC t yes, spi	ENDENT ( pelfy Cubi 2X NO	OF HISPAI In, Mexico Specif	NC ORIGI n, Puerto	N? (Specify Yes Rican, atc.)	or No-	Black, 1	American Indian, White, etc. BLACK
	(Specify only	EDENT'S EDU	completed)		16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CCUPATIO	ON st of world	ng	16	b. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondery (0 8 TH	-12)	College (1-4 or 5	•)	unemp						n/	a		
	17. FATHER'S NAME (First, M. AUDREY		Υ			_			EDW	INA	Middle, Meiden RAYSO	R		
2	190. INFORMANT'S NAME (7) DWAYNE	RA	YSOR		19b. MAILING 2616	ADORESS MG	Mc	Eld	erry	KEE	T, BAL	TÎMOR	E, MC	21205
	20e. METHOD OF DISPOSITION  1X Burlet 2 Gremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camputery, crematory is their place). LANS DOWNE, MD													
	21. SIGNATURE OF FUNERAL	me me	the 51	4.	Jense			D ADDRE			-1101	E. N	ORTH	A V E.
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):													
	resulting in death) LAS	-	d											-
	ENDOCAPOITIS, IVORUG ABUSE  PERFORMED?  1 YES 2 NO OF D								ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO					
	DID TOBACCO U		RIBUTE TO CA				12	UNC	ERTAI	<u> </u>				
	EXAMINER?	MEGICAL	HOSPITAL:		ent 3 DOA	OTHER	t:	• 5 □ Re	eldence	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH	27. MANNER OF DEATH 280. DATE OF INJURY						RK?	7 40	26d. DE	SCRIBE HOW I	NJURY OCC	URED	
	2 Accident Investigation 3 Suicide 8 Could not be determined determined City or Town, State)  M 1 YES 2 NO  28e. PLACE OF INJURY — At home, term, street, factory, office building, artc. (Specify)  28t. LOCATION (Street end Number or Rural Route City or Town, State)								te Number,					
			CIAN: To the best of R: On the beels of e											nd menner se stated.
- 111	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mont							onth, Day, Year)						
	30. NAME AND ADDRESS OF	PERSON WIL	MI RESID	ENT U	MH	(Daire)		104	176	+351	# 2779	<b>▶</b> J	1AN1	2, 1995
	CYPUS HA	MIDI	V N(U	NE	MORIAL	- Ho	SPIT	AL						
	31. DATE FILEO (Month, Day,	(bar)	32. REGISTRA	R'S SIGNAT	Marit L URE W-Rardall			1.1						· · · · · · · · · · · · · · · · · · ·
	148 1	7 1995	Jahre	Mode	4-Nardall									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DORSEY THERESA 1994 JAN 11 10:00A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) -64 -581 OC+ DAYS HOURS 1 M 2 V VRC ma permit. Pages 1, 2, 3 should 9h. CITY. TOWN OR LOCATION OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ma 110 Sa 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP\_CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 HUE nomas 1.S.A attention physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit hygiene prior to bunial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. NAMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of
life. Do NOT use retired.)

Unknown 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intery/Secondary (0-12) College (1-4 or 5 +) 0 17. FATHER'S NAME (First, Middle, Lest Sailey alvin notified at ) orse BE MAILING ADDRESS Street and Number or Rugal House
Lo 28 Thomas Ave OBMANT'S NAME (Type 2 Balto laru 21216 628 lomas 20. PLACE AND DATE OF DISPOSITION [Name of ] e METHOD OF DISPOSITION 20c DCATION must Buriel 2 Donation 3 🗆 10 MILE PIECE OF ICE stown, and Other (Specify) the medical examiner FUNERAL SERVICE LICEN March F. H - Wes 1 me Down DR 4300 Ave Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 23. PART E Approximate hock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onest and Desth disease or condition resulting in death) NARCOTIC INTOXICATION event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate Cause Enter UNDERLYING CAUSE (Disease or Injury y the attending physical or Mental Hygiene p or other OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? shows any 1 YES 2 | NO OF DEATH? 1 YES 2 NO has been a Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN OR ATTENDING PHYSICIAN: The law 22 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate h OTHER 1 X YES 2 NO Inpatient 2/1XER/Outpatient 3 4 - Nursing Home 5 - Residence 6 - Other (Specify) b 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 1/11/95 Unk. M 1 YES 2 NO BY Affec death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)
FOUND AT HOME 728 12.1 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 628 THOMAS AVE.
BALTIMORE, MD. 3 Suicide PLETED DIRECTOR / 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beek of a ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner ee stated. THE THE PARTY OF T 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JAN 12, 1994 O.C.M.E. 0 CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 22 REGISTRAR SIGNATURE

DHMH-16 Rev 1/89

retained by the hospital or attending physician. 5 should be detached for use as the burial-tranhours after death. Page 6 may be requires that the death certificate be

BOX 68760

DIVISION OF VITAL RECORDS, P.O.

funeral director, filled in by the fion, or removal. 0 cremation. completely and com o burial, o Ç attending physician ntal Hygiene prior to the atten Da Dr Signed Health a been I. of HOSPITAL OR ATTENDING PHYSICIAN: The law is FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. FUNERAL within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) ANGELO NINO D' 2. DATE OF DEATH 3. TIME OF DEATH 11:30 AM CI 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 218-16-0984 1 M 2 F 01/10/1924 71 Maryland 9a, FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore City RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Lutherville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21093 United States 9 Seminary Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE - American Indian, Black White etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cubs 1 ☐ YES 2 ☑ NO 1 Never Married 2 Married Specify: Specify B 3 Widowed 4 Divorced White WW II COMPLETED 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (t-4 or 5+) Mars Supermarkets 12 Years President 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) क्र Vincent Fertitta D'Anna Rosaria Marquerite Glorioso BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Helen K. D'Anna 9 Seminary Drive Lutherville, Maryland 21093 9 20a, METHOD OF DISPOSITION 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20a, METHOD OF DISPOSITION

1 | Burlal 2 | Cremation 3 | Removal from State

4 | Donation 6 \( \overline{X} \) Other (Specify) | Fintenment must cemelery, cremetory or other place)
Dulaney Valley Mausoleum 01/18/95Timonium, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD medical 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart fallure. List pniy pna cause pn each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** event, the disease or condition\_ Depsis reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): days neumonia traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING neart attack other t CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST Coronary artery 50 PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? nypertension 1 YES 2 NO Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔯 PHYSICIAN: NO [ 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 M Inpatiant 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, t Natural 5 Pending Investigation t YES 2 NO 87 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER

(Chank nature of the course (a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPIT TO THE FUNERA De filed within 7 29b. SIGNATURE AND TITLE, OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Bahvelor Momerai 114 0723U 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Momen: of Metheine

University

REGISTRAN'S SIGNATURE

31. DATE FILED (Month, Day, Year)

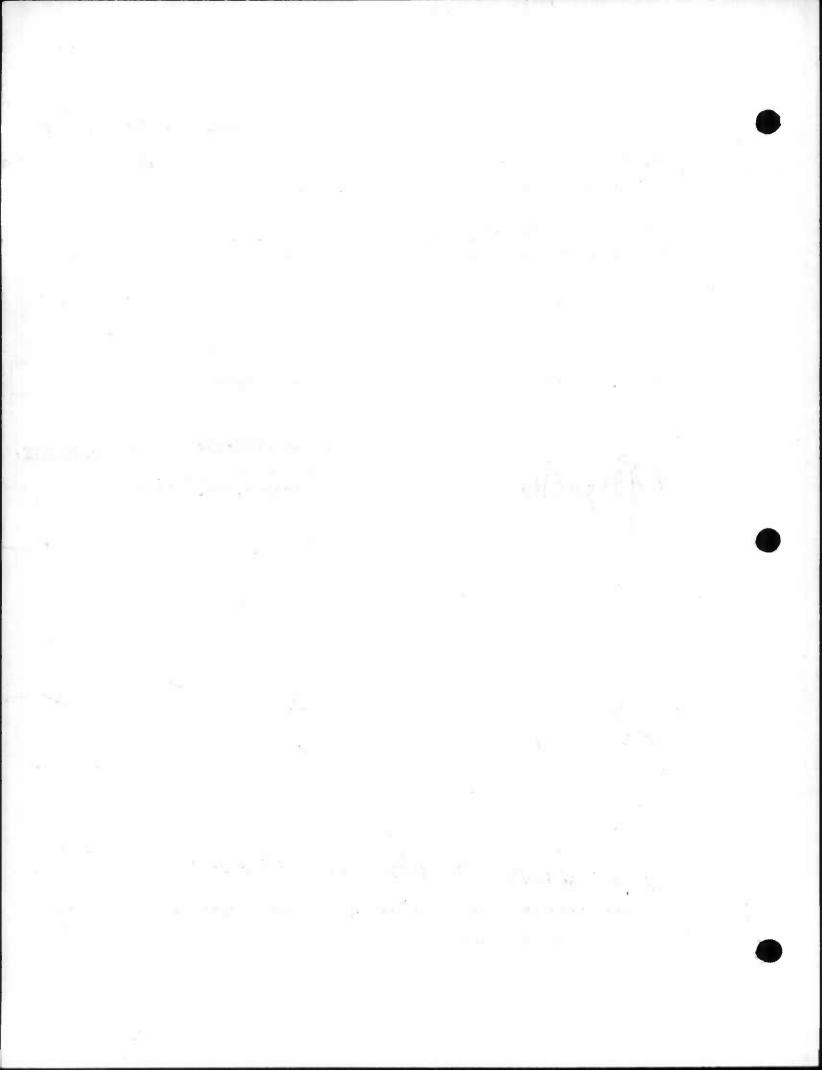
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last) NAOMI	DILUZIO				2. DATE OF DEATH	.50	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign
밀		201 01 8443	1 □ M 2 📆 🛣	76 YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) August		Country)	Pennsylva
3 should	E .	98. FACILITY NAME (If not institution, give 13041 Well Ho				or location of de	HTA	9c. COUNT	Y OF DEATH	
3 1, 2,	СТОВ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT						Monte	Jomes	- <u>Y</u>
permit. Pages	DIRE	Maryland Mon		y, town or Locat rmantow					LIMITS?  YES 2 NO	
		10e. STREET AND NUMBER			101	. ZIP CODE			N OF WHAT	COUNTRY?
020 physician. burial-transit	FUNERAL	13041 Well Hot	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	20874	IC OBIGIN2 (Specific V	Unite		
9 9	B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced				cify Cuben, Mexican, Puerto Rican, atc.) Black				merican Indian, ita, atc. asian
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION s completed)	(Give kind of a	USUAL OCCUPATION	ON est of working	16b. KIND OF B	USINESS/INDUS	STRY	
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homer	naker		Home			
retained by the hospital 5 should be detached to notified at once.	COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide	en Sumame)		
₹ 22 ×	ш	John W. Watson	1	105 144 11 100	ADDRESS (Over 1	Mary M				
5 5 0 5		199a. INFORMANT'S NAME (Type/Print)  190b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Fred DiLuzio  Same address as #10							ode)	
ORE, le 6 may be ector, page		20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ran	noval from State 20b.	PLACEAND DATE	OF DISPOSITION (Na	me ol J	an 1995	OCATION — CIT		
Page 6 al directo		21. SIGNATURE OF UNERAL SERVICE L	AND DESCRIPTION OF THE PARTY OF	arayett			on Fune			County Y
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	9	Schore	10		A	rlingto	n, Va.	22201		
in by reme			complications that caused List only one cause on ea	the death. Do r sch line.	not enter the mo	de of dying, such	as cardiac or rea	piratory arrea	t,	Approximata Interval Between
一 是 点 9		iMMEDIATE (AUSE (Final disease oc.condition resulting in death)	Metastati	c Beras	st Canc	er				Onset and Death
Z 2 2 - 6			DUE TO (OR AS A	CONSEQUENCE OF	F):					
or the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	<b>-</b> ):					
O. BOX ertificate be ing physician giene prior it	IFIC	CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE OF	F):					
T the but be	CERT	resulting in death) LAST	d							
m = 6 = -		PART II. Other algnificant condition	ns contributing to death bu	ut not resulting i	in the underlying	cause given in I		N AUTOPSY DRMED?		E AUTOPSY FINDINGS LABLE PRIOR TO
RECOR requires that been signed by of Health an shows any	MEDICAL						1 □ YES	2 1 NO	OF D	PLETION OF CAUSE DEATH?
		DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	F DEATH YE	S NO	UNCERTAIN	<u> </u>		10	YES 2 THO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	1/				
11 皇 夏春 。	HYS	1 YES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 26a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	8 Other (Specify) 28d. DEŞCRIBE HOW	INJURY OCCUP	RED	
ON OF DING PHYS After this death with	₽	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	PK? YES 2 NO				
TISIC TTEND TTEND TTOR: A after d	E	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Speci	— Al home, larm, a	itreel, factory, office		281. LOCATION (Street City or Town, State	t and Number or e)	Rural Route I	Number,
国 単元 ==	MPL		ICIAN: To the best of my knowle							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	8	20b. SIGNATURE AND TITLE-OF CERTIFIE	ER: On the basis of examination	and/or investigatio	n, in my opinion, d	eath occured at the t				
TO THE Do filed	TO BE	30. MANY AND ADDRESS OF PERSON WI	Whent	mo	Order	D192	94	≥ JA	W. I	1, 1995
8		/ JOHN MELL			- ALC	GAIT	HERSKUR	c m	d 4	\$79
U		JAN 17 1995 July	32. BEGISTRANS SIGNA	TURE						



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CERTIFICATION

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Pages 1, 2, 3

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Frances DOOM 1995 January 13, 8:15 am. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 5. SEX IF UNDER I YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Aug. 30, 1925 MONTHS DAYS HOURS ~Maryland 69 1 M 2 TX F -410-1U-00U0 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Essex Md. Baltimore 1 YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? USA 21221 83 Weber Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEOENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) Salesperson 8th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Mary Kuccera Louis Hirshauer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Baltimore Md. 21221 83 Weber Ave. Charles doom 20e. METHOO OF DISPOSITION
1 The Burley 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Holly Hill Cemetery 1/16/95 Baltimore MD. 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral HOme of Essex 300 Mace Ave. Baltimore Md. 21221 complications that caused the seath. Do not enter the mode of dying, such as cardiac or reapiratory arrest, List only one cause on each line. 23. PART I. Enter the diseases, o Approximate shock, or heart failur interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Congestive heart failure 10 vears OUE TO (OR AS A CONSEQUENCE OF): Aortic and mitral regurgitation 20 years Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Rheumatic heart disease 20 years CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Cerebral vascular accident with right hemiplegia COMPLETION OF CAUSE 1 YES 2XXNO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO L UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 27. MANNER OF OEATH 28b. TIME OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 🔯 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29e CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D17728

M-1

9000 Franklin Square Drive Baltimore,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia

32. REGISTRARY SIGNATURE

Ba Yin Oung, M.D.

31. DATE FILED (Month, Day, Year)

1-13-95

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OF VITAL RECORDS,	MVCIPIANI. The Instruction that the death cartificate he executed within 19 houses a
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>	TABL
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ğ	CALTINE

TO THE HOSPITAL OF TENDINE PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		ATE OF DEATH	REG. NO.							
- }	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH						
5	VIRGIL FRANCIS DINSMORE	995 7:31 PM								
		F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
1	438-62-81541 M 2 □ F 51 YRS. M	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 12/15/43	LAFAYETTE, LA.						
1		b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH						
R	THE JOHNS HODVING HOSDITAL	DALITMODE CITY								
5	THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT	BALITMORE CITY								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
۵	MARYLAND HOWARD	COLUMBIA		1 TYES 2 NO						
AL	10e. STREET AND NUMBER	101, ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?						
FUNERAL	6579 SWEET FERN	21045		U.S.A.						
5	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES?  1 YES 2 NO	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes or No-							
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced  1 F YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxican  1 TES 2 NO Specify		Specify:						
	VIETNAM			WHITE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S US (Give kind of wor	k done durina most of workina	16b. KIND OF BUSINESS.	/INOUSTRY						
٣	Elementary/Secondary (0-12) College (1-4 or 5 +)									
M		NARY ENGINEER		INDUSTRY						
	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surnam	ne)						
BE	WILTON FRANCIS DINSMORE		WILLINGHAM							
2		DORESS (Street and Number or Rural F		, Zip Code)						
		30X 31712, LAFA								
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b, PLACE AND DATE OF Cemetery, crematory or other	r place)		I — City or Town, State						
	4 Donation 5 Other (Specify) LAFAYETTE,  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LOUISIANA  22. NAME AND ADDRESS OF FAC	1/95 LAFAYE	TTE, LA.						
	N 100 00 -	HENRY W. J	ENKINS & SO	ONS CO.						
	William K. Rais III	4905 YORK	RD. BALTO.,	MD. 21212.						
	23. PART i. Enter the diseases, or complications that caused the death. Do not shock, or heart fallure. List only one cause on each line.	anter tha moda of dying, auch	a a cardiac or reapiratory							
	IMMEDIATE CAUSE /Float	. (1		Interval Between Onset and Death						
	disease or condition	rt failure		Imigrate						
	DUE TO (OR AS A CONSEQUENCE OF):			13 1						
Z	Sequentially list conditions.									
Ĕ	if any, leading to immediate									
0	CAUSE (Disease or injury that injuried exercises or provided in the control of th									
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
CERTIFICATION	d									
	PART ii. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part i. 24a. WAS AN AUTOP PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS						
DICAL			1 TYES 2 NO	COMPLETION OF CAUSE						
Ę I				1 YES 2 NO						
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	□ NO 🖾 UNCERTAIN	<u></u>							
¥	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH									
PHYSICIAN: MEI		OTHER:  Nursing Home 5 Residence	8 Other (Specify)							
١ۼ	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME C	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCUREO						
ВУ	1 Neturel 5 Pending (Month, Day, Year) INJUR	WORK?  M 1 VES 2 NO								
	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, larm, stre building, atc. (Specify)	et, factory, offica	28f. LOCATION (Street and Num	nber or Rural Route Number,						
COMPLETED	4 Homtcide determined		City or Town, State)							
٦	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time date and place, and due	to the cause(s) and manner as	elent e						
Ž	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation,									
	29b. SIGNATUTE AND TITLE OF CERTIFIER									
ᆱ	(X) Survival Res	Sect IMI 9612 D	THY7767 1	DATE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Pr	int.	יוןעוויוט	11112						
	A Darky mp Tohne Hotime	Hospital								
ŀ	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE	Mary 16								
1	JAN 2 7 1995 Table Studier Radell									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.  NREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ئے	insit permit. Pages 1, 2, 3 should	
DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours INREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the mediants of the control of the	after death. Page 6 may be retained by the hospital or attending physicia	by the funeral director, page 5 should be detached for use as the burial-transal.	cal examiner must be notified at once.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic

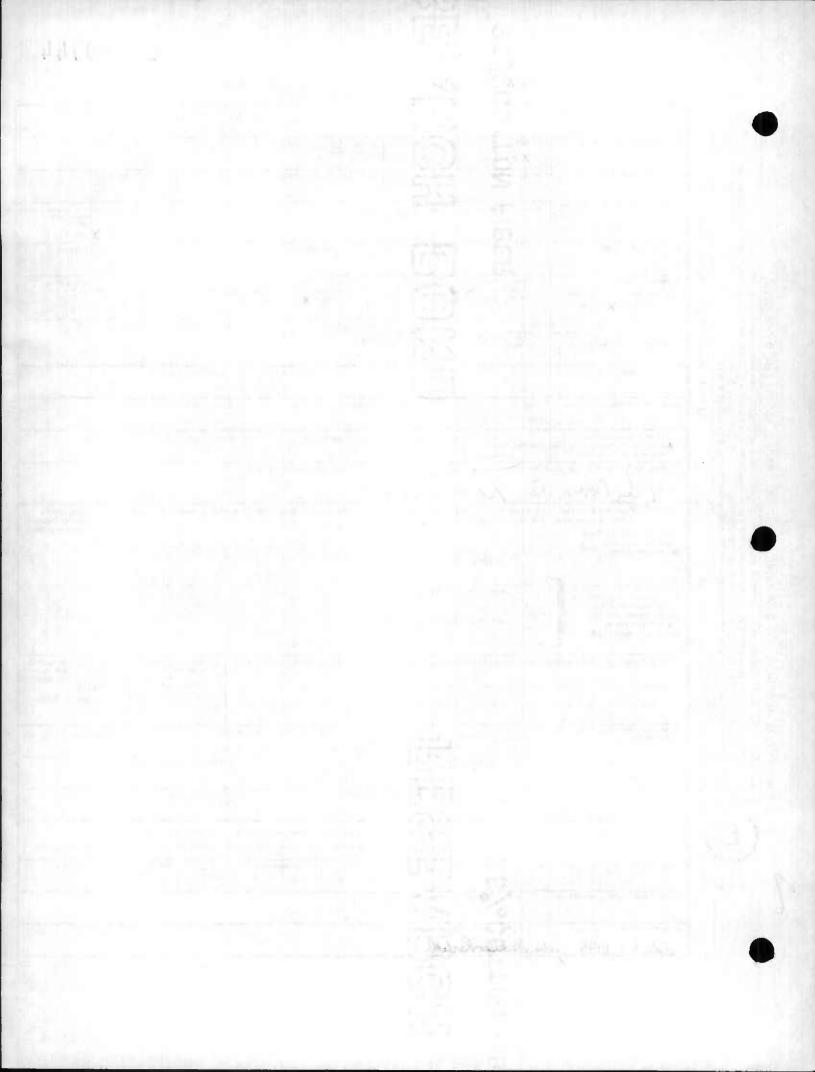
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	DEATH AND	MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)  Mary  JUNE	DAVI	S				of DEATH	ž,199.	YEAR 5	3. TIME OF DEATN 7:30 P M
	4. SOCIAL SECURITY NUMBER 212-36-2982	S. SEX  8. AGE (In yrs. lest birthdey)  1  M 2 F F 61  YRS.  8. AGE (In yrs. lest birthdey)  NONTHS DAYS HOURS MIN.  01/02/19							Country)	LACE (State or Foreign LENNESSEE LESSEE
TOR	9s. FACILITY NAME (If not institution, give st SQUARE Franklin <del>Scaure</del> RESIDENCE OF DECEDENT				Ville	PEATN		9c. COUN Bal	ty of de	
DIREC	10s. STATE 10b. COUNTY	Baltimore	10c. CIT	Y, TOWN OR LOCA		dalk			- 10	10d. INSIDE CITY LIMITS?
IERAL	100. STREET AND NUMBER 8172 Gray Haven	Road		10	ZIP CODE 212	22				nat country? States
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 \times_\text{Vever Merried} 2 \to Merried 3 \to Widowed 4 \to Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	20XNO	If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2000 Specific	an, Pusrto		or No-	14. RACE Black, Specify	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT us	work done during mo e retired.)		160	. KIND OF BUS		JSTRY	
OMP	12 Years 3Y	rs. Nursing	IV Th	nerapy			Nurs:			
ö	John B. Davis				18. MOTHER'S NA		Middle, Maiden : armer	Surname)		
38 C	19s. INFORMANT'S HAME (Type/Print)		19b. MAILING	ADDRESS (Street s	nd Number or Rural			n, State, Zip (	Code)	
5	Eileen Davis								2122	2
	10. METHOD OF DISPOSITION 1 Sturies 2 Cremation 3 Removes from State 20c. LOCATION - City or Town, Sta									
	21. SIGHATURE OF FUNERAL SERVICE LIC	E Ve	9	22. NAME AI Dud 792	a-Ruck F 2 Wise A	uner	al Home Dunda	e of 1	Dund D 2	alk, Inc. 1222
	IMMEDIATE CAUSE (Finel	a. Cancer lung	och line.		de of dylng, euc	ch aa car	dlec or reapli	ratory arre	at,	Approximate Interval Between Onset and Death 7months
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  b.  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2X NO								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YE	S NO [	UNCERTAI	N 🗆				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT							
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp			e 5 🗆 Residence	8 🗆 Othe	er (Specify)			
ву РН	27. MANNER OF DEATN  1 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WC	URY AT RK? 'ES 2 NO	28d. DE	SCRIBE NOW IN	JURY OCCU	JRED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	treet, factory, offic		28f. LOC City	CATION (Street so or Town, State)	nd Number o	r Rural Ro	ite Number,	
COMPLETED		CIAN: To the best of my knowledge.  R: On the basis of examination								and manner as stated.
w	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER		29d. DATE	SIGNED (/	Month, Day, Year)
TO B	Man				D 18487			Ja	nuar	y 12,1995
	Dr. Myo Thant 900	00 Franklin S	Square Di				nd 212			
	31. DATE FILED (Month, Day, West)  32. REGISTRAR'S SIGNATURE									

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BOX 68760,	

DIVISION OF VITAL RECORDS, P.O.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

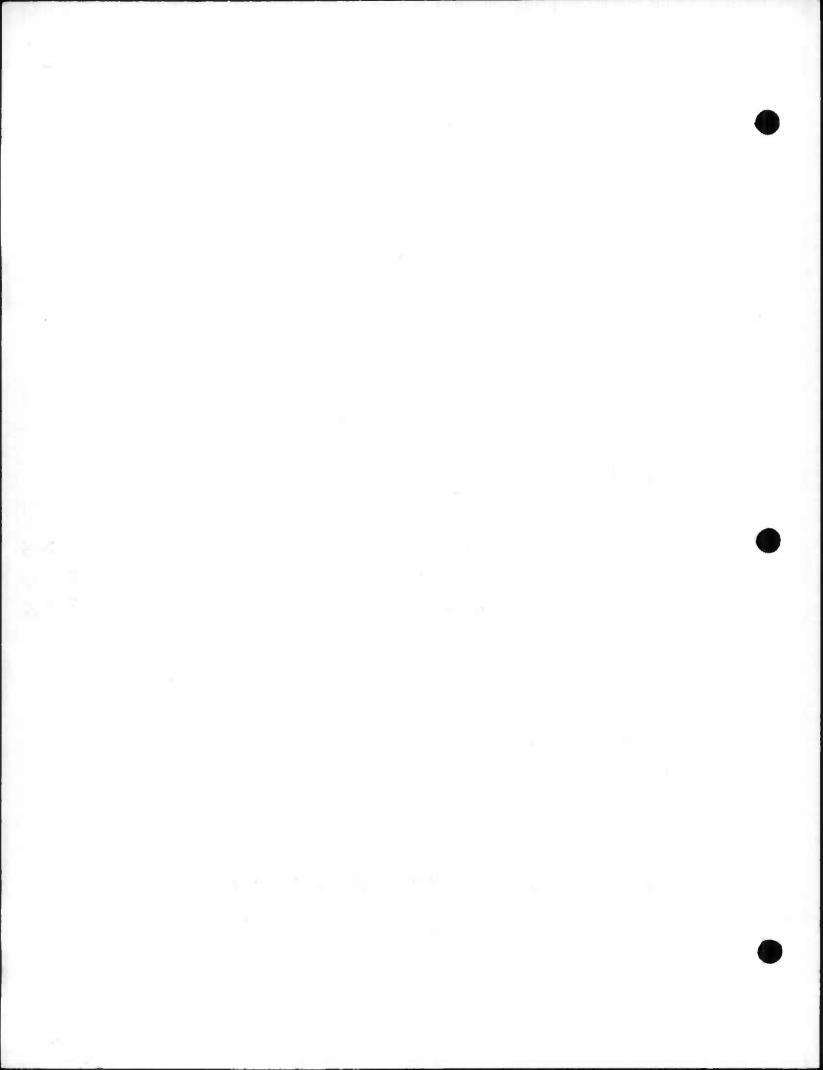
3	1. DECEDENT'S NAME (First, Middle, Last, WILLE		DR	UM	GOLE	2. DATE OF DEATH DO	Y G YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (/	n yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTNPLACE (State or For
	217-22-5366	U _		THE DAYS	HOURS MIN,	(Month, Day, Year)	1927	Virginia
	Ba. FACILITY NAME (If not institution, give			CITY TOWN	OR LOCATION OF DE		9c. COUNTY	
	Northwest Me				dallsto			yland
	RESIDENCE OF DECEDENT	dicar cente		Naii	ualisto	WII	Mai	yland
1	10a. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOC	ATION			10d. INSIDE CITY
DIRECION	Md.		Ва	altim	ore			LIMITS?
7	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
T Y	5405 Lewelle	en Ave.			21207		Π.	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DE		IIC ORIGIN? (Specify Yes		RACE — American India
BY F	1 Never Married 2 Married 3 Widowed 4 M Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA		If yes, s	S 2 NO Specify	n, Puerto Rican, etc.)		Black, White, atc.
- 1								Black
LED	15. DECEDENT'S ED (Specify only highest grad		(Give kind of work life. Do NOT use ret	AL OCCUPAT done during n	TON nost of working	16b. KIND OF BUS	SINESS/INDUST	RY
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPL	8		Houseke	eper			spital	
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE	Vannie Drumo	jole				ie Hall		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILINO ADD	PRESS (Street	and Number or Rural I	Noute Number, City or Tow	n, State, Zip Coo	fo)
	Eddie Drumgo	ole	5405	Lew	ellen A	ve. 21207	Balt	o. Md.
	20a, METHOD OF DISPOSITION 1 D. Burlai 2 Cremation 3 Res	movel from State	PLACE AND DATE OF DI	SPOSITION (	Name of	DATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)		Garrison	Fore	st V.A.	Jan 18,95	Bal	to. Md.
	21. SIGNATURE OF FUNERAL SERVICE	CENSER	0	22. NAME	AND ADDRESS OF FA	CILITY		
	M/ S. Ortan	C About	la . 1					McCullo Md. 2121
	23. PART I. Enter the diseases, or	complications that carried	the death Do not a					
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	CONSEQUENCE OF):					
	resulting in death) LAST	d,						
MEDICAL	PART II. Other algolificant condition	ons contributing to death be	ut not resulting in th	e underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIR AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATN?
								1 LI TES JUN
								1 LI YES JUN
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l m		PLACE OF DEATH (Ch	ock only one)		1 Tes JUN
		HOSPITAL:		HER:	PLACE OF DEATN (Ch			1 VES 2 ON
	EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH			HER: Nursing Ho			NJURY OCCUR	
PHISICIAN	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Offinpatient 2 ER/Output 28a. DATE OF INJURY	ttient 3 DOA 4 D	HER: Nursing Ho	me 5 Residence	6 Other (Specify)	NJURY OCCUR	
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	28b. TIME OF INJURY	HER: Nursing Ho 28c, IN W	me 5 Residence  IJURY AT  YORK?  YES 2 NO	6 Other (Specify) 28d. OESCRIBE NOW II 28f. LOCATION (Street I		50
TED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	HER: Nursing Ho 28c, IN W	me 5 Residence  IJURY AT  YORK?  YES 2 NO	6 Other (Specify) 28d. OESCRIBE NOW II		50
IED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	1 Shpetient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	28b. TIME OF INJURY  At home, farm, stree	HER: Nursing Ho 28c. IN W 1   t, factory, off	me 5 Residence IJURY AT VORK? VES 2 NO	6 Other (Specify) 28d. OESCRIBE NOW II 28d. LOCATION (Street a City or Town, State)	and Number or A	50
IED BY PHISICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only 1 CERTIFYINO PHY:	1 Sinpetient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	28b. TIME OF INJURY  At home, farm, streety)	HER: Nursing Ho 28c. Ih M 1   t, factory, offi	me 5 Residence IJURY AT ORK? YES 2 NO	6 Other (Specify) 28d. OESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and man	and Number or R	EO Jural Route Number,
LED BY PHISICIAIN.	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special StCIAN: To the best of my knowleter: On the bests of examination	28b. TIME OF INJURY  At home, farm, streety)	HER: Nursing Ho 28c. Ih M 1   t, factory, offi	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner as st
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only 1 CERTIFYINO PHY:	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special StCIAN: To the best of my knowleter: On the bests of examination	28b. TIME OF INJURY  At home, farm, streety)	HER: Nursing Ho 28c. Ih M 1   t, factory, offi	me 5 Residence IJURY AT ORK? YES 2 NO	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO tural Route Number,
	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Sician)  Sician: To the best of my known  EER: On the basis of examination	atlent 3 DOA 4 DOA 28b. TIME OF NJURY  At home, farm, streety  adge, death occurred at and/or investigation, in	HER: Nursing Ho 28c. Ik W 1   It, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner as st
BE COMPLETED BY PRISICIAIN.	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Sician)  Sician: To the best of my known  EER: On the basis of examination	atlent 3 DOA 4 DOA 28b. TIME OF NJURY  At home, farm, streety  adge, death occurred at and/or investigation, in	HER: Nursing Ho 28c. Ik W 1   It, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner as st
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 6 Could not be determined  29a. CERTIFIER (Check only 1 Pendical EXAMINER)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known  SICIAN: To the best of axamination  EFF	At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)	HER: Nursing Ho 28c. Ik W 1   It, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner as st
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known  EFF. On the best of axamination  Tho COMPLETED CAUSE OF DEATH  32. REDISTRAR'S SIGNA	At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)	HER: Nursing Ho 28c. Ik W 1  1, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner as st
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 6 Could not be determined  29a. CERTIFIER (Check only 1 Pendical EXAMINER)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known  SICIAN: To the best of axamination  EFF	At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)	HER: Nursing Ho 28c. Ik W 1  1, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(e) and manner as st
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF GERTIFIE  30. NAME AND ADDRESS OF PENSON W. SIGNATURE AND ADDRESS O	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known  EFF. On the best of axamination  Tho COMPLETED CAUSE OF DEATH  32. REDISTRAR'S SIGNA	At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)	HER: Nursing Ho 28c. Ik W 1  1, factory, off the time, day my opinion,	me 5 Residence IJURY AT YORK? YES 2 NO Ica te and place, and due death occured at the	6 Other (Specify) 28d. OE\$CRIBE NOW if 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or R ner as stated. d due to the ca	EO  Nural Route Number,  use(s) and manner sa sta



	after
	hours
	4
300	within 2
100	executed
5	9
TOTAL MECUADS, P.O. BOX 60/00	S PHYSECIAN: The law requires that the death certificate be executed within 24 hours after
Ĺ	death
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1	equires
	ME
1	The
-	CIAN
5	PHYSI
5	DING
DISTA DE	TEN
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First		E	- INBI	NDE	2					2. DATE O	F DEATH D	13	YEAR-	3. TIME OF DEATH
9		4. SOCIAL SECURITY NUME 21605-6257		5. SEX 1 M 2 XF	6. AGE (	(In yrs. lest b		F UNDER 1	DAYS	IF UNDER	24 HRS. MIN.		F BIRTH Day, Year)	906	Country	PLACE (State or Foreign OLAND
2, 3 should	OR	SINAI HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE  9c. COUNTY OF DEATH														
Pages 1,	DIRECTOR	10a. STATE MARYLAND	10b, COUNT	Y			10c. CITY, 1			ITION						10d. INSIDE CITY LIMITS?
permit. Pages	1 1	10e. STREET AND NUMBER 6606 EBERLE		ADM 100				11101		of, ZIP CODE						fY YES 2 ☐ NO HAT COUNTRY?
physician. burial-transit	FUNERAL	11. MARITAL STATUS	DR.,	12. WAS DECEDEN	IT EVER IN	U.S. ARME	EO	13. W	AS DE	2121:		IC ORIGIN?	(Specify Yes	USA Lor No		American Indian,
attending physician se as the burial-trai	В	1 Never Married 2 3 Wildowed 4 Divo	erced	FORCES? 1	YES	2 GHO ATES X		If	yes, st	pecify Cubar S X \( \) NO	Specify:	, Puerto Ri	can, etc.)		Spec# WHIT	, White, etc. y:
5 5	ETED	15, DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade	CATION completed) College (1-4 or 5		(Give	DENT'S US kind of work o NOT use n	k done do	CUPATI uring mo	ON ost of workin	g	186. 1	(IND OF BU	SINESS/IND	USTRY	
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, M			_	HOUS	EWIF	E				HO				
2 2 2	BE CO	MAX		ASH		_	_			S	DPHII	S	Idle, Maiden			GLASS
be retained to ge 5 should e notified	٥	MRS. ROSLY		ES						and Number		oute Numbe		n, State, Zip 212]		
e 6 may ector, pa must b		20s. METHOD OF DISPOSITI	Rem	oval from State	cem	PLACE AN	tary or other			lame of L5/95		DATE		CATION —		
death. Page 6 m funeral director, examiner must		21. SIGNATURE OF FUMERA	L SERVICE L	Marie Land				SOL	AME A	ND ADDRES	3 NC	BROS	., IN	c.		
after nova cal	Н	23. PART I. Enter the di	iseasos or c	complications the	t ceused	the deet	h. Do not	enter t	O F	REISTI	ERTO	N RD	BA	LTO.	MD eat,	21215 Approximate
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IMMEDIATE CAUSE (Fin					.A.:									Interval Between Onset and Death
rted within 24 completely fille ial, cremation,		reaulting in death)				CONSEQUE										L+ VAYS
and and	TION	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A	CONSEQUE	ENCE OF):									17 DAYS 17 DAYS 5 YRS
6 6 9	CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events		c. <u>51</u>	RO K	CONSEQUI	ENCE OF):									5 YRS
ne death certifica the attending phy Mental Hygiene ijury, or other	CERT	resulting in death) LAS	'	d												
the of the ord M		PART II. Other aignifice	nt condition	a contributing to	deeth b	ut not res	ulting in t	the und	eriyin	g ceuse g	lven in F	Part I. 2	4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sign deal	MEDICAL												YES 2	XNO		OF DEATH?
as bept.	IAN:	DID TOBACCO U		RIBUTE TO CA		F DEATH			nly one)		ERTAIN					
PHYS CIAN: The	PHYSICIAN:	1 YES 2 NO		NOSPITAL:			DOA 4		ng Hon	ne 8 🗆 Rei						
After this of death with a marked.	ву р	1X Natural 5	Pending Investigation	28s. DATE OF (Month, D	lay, Year)		INJURY	М	1 🔲	JURY AT DRK? YES 2		28d. DESC	RIBE HOW I	NJURY OCC	URED	
OTTENOI CTOR: A arter di 28 is			Could not be detarmined	28e. PLACE O building,	F INJURY etc. (Spec	At home	, ferm, stre	et, factor	y, offic	00		26f. LOCAT City or	ION (Street a Town, State)	ind Number	or Aural Ac	oute Number,
LA 3/5 =	COMPLETED			CIAN: To the best of												and manner as stated.
TO THE PERSONAL TO THE PUNCHAL	BE CC	296. SIGNAZUSE AND TITLE	or centurity	11 1						29c. LICE						(Month, Day, Year)
6 6 9 <b>X</b>	10	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DE	ATH (ITEM 2			24	02	321	-ES	9847	L Þ	1/13	3195
		31. DATE FILED (Month, Day,		S2. REGISTERA	R'S SIGN	ATURE .	5	WA	1	Hos	P18	THL	B	LT,	MI	
			995	The Davel	or Ra	dall										



		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH RE	GENE
		1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DE	EATH 3. TIME OF DEATH
	- 1	Ruvelle S. Falcone Januar	y 14, 1995 9:40 p M
		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIR   Month, Day, Months   DAYB   HOURS   Min.   (Month, Day, Month, Day	RTH B. BIRTHPLACE (State or Foreign Country)
PS		Liz 10 5255 N 75 Danuary	22,1918 Maryland
3 should	Œ	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH
1, 2,	DIRECTOR	7121 Chambers Road Baltimore City	
Pages	REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
nit. P		Da I CHIIO E 1.11V	1 💢 YES 2 🗌 NO
t permit.	RAL	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?
-0020 ling physician. the burial-transit	FUNERAL	7121 Chamber's Road 21234  11. MARITAL STATUS 12. WAS DECEMBENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Special Control of Hispanic Origin? (	U.S.A.
020 ohysic ourfal			
215-0020 attending physician. se as the burial-tran	В		SpecHy: White
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND	OF BUSINESS/INDUSTRY
	<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	D-31-
YLAND 2 by the hospital be detached to at once.	COMPLET	12 Administrative Assistant Gr	
/LA yy the be de	- 1		
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	10e INFORMANT'S NAME (Knockhist)	
	2	Joseph S. Falcone 7121 Chambers Road 212	
BALTIMORE, I er death. Page 6 may be the funeral director. page val.		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE	20c. LOCATION — City or Town, State
Page 6 mail director, page must		cometery, cremetory or other place)  4 □ Donation S ○ Other (Specify)  Hillton Service 1-16-95	Towson, Maryland
ALTIN death. Pag e funeral dia i. examiner		21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	•
0 - 0		Leonard J. Ruck, In 5305 Harford Road 2	
BA hours after of of in by the or removal.		23. PART I. Enter the diseases, or complicatione that caused the desth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.	r respiretory screet, Approximate
_ 0 D 0 E		MANAGONATE CAUSE (FIRST	Interval Between Onset and Death
tely math		resulting in death)  a. Circuite pulmonary embolico	1he
	ŀ	DUE TO (OR AS A CONSEQUENCE OF):	+ + 1
and and matic	ON	disease or condition reaulting in death)  a. Cloude factorisary embolics  DUE TO (OR AS A CONSCOUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Inditated graphs)  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):	strenty days
ficate be physician ine prior to her traun	CAT	If any, leading to immediate cause. Enter UNDERLYING  We fart to the cause of the c	6 month
O. B( enficate ing physi- gene pri other to	Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSCOUENCE OF)	L. C.
P. Co.	CERTIFICATION	resulting in death) LAST	
DS, the de d Mem	١١	PART II Other stands and the stands are the	NAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
My hard	2		PERFORMED? AMAILABLE PRIOR TO COMPLETION DE CAURE
of Heart	MEDIC		YES 2 ☐ HO OF DEATH?  1 ☐ YES 2 ☐ NO
S S S S S S S S S S S S S S S S S S S			1 123 2 3 100
E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
F VIT. SICIAN: The certificate the State , or item	YSI	OTHER:  1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Special Control of the	ffy)
PHYSICIAN: this certific with the Si	H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE	HOW INJURY OCCURED
SION OF	À	2 Accident Investigation M 1 YES 2 NO	
VISION ATTENDING ECTOR: After s after death		W 4 ☐ Homicide determined determined	(Street and Number or Rural Route Number, , State)
DIVISION ATTEN OR ATTEN DIRECTOR: hours after item 28 Is	9	29a. CERTIFIER	
4254	COMPLET	The Certifier of the Certifier on the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) a cone)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: 11			
표 분 등 조	8	D1152/	29d. DATE SIGNI of (Month, Day, Year)
	유	D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	16 Juntiary 149.
		John Rogers M.D. Good Samaritan Suite 502	
3		JAN 1 7 1995  JAN 1 7 1995  JAN 2 REGISTRAR'S SIGNATURE	
		2414 T ( 1992 ) ( March 1994)	

BALTIMORE, MARYLAND 21215-0020	and the second second second second
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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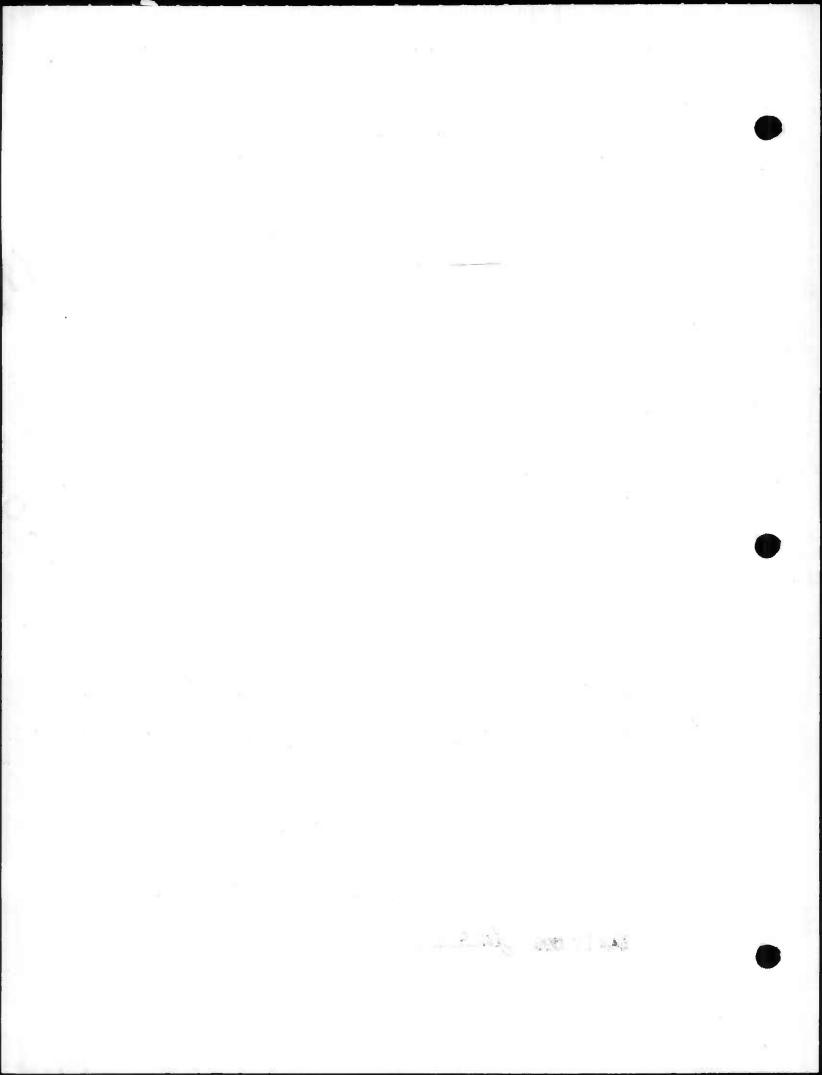
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12, SAMMIE JANUARY 1995 FORD SR. 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Sountry) CAROLINA JUL 31, 248-56-2862 DAYS HOURA 1XXM 2 | F 1936 58 YRS. 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2016 WINFORD BALTIMORE, MD DIRECTOR n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Road 2016 WINFORD AVENUE 21239 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 0 90 Specify: BY Specify: BL ACK 3 Widowed 4 Divorced 6 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) LABORER BALTO. GAS & ELECTRIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ZACH FORD BRAZELIA BURGESS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code)
2016 WINFORD ROAD, BALTIMORE, MARYLAND 21239 2 CORA FORD 20e. METHOD OF DISPOSITION
1 Disputation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE COMPAND Y Other Glace) LEY CEM. 1-17 TIMONIUM, MARYLAND 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH **AVENUE** 23. PART I/Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List pnly one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) MYOCARIAL MINUTE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DIALYSIS DEPENDENT COMPLETION OF CAUSE 1 TES 2 NO UR EM/A 1 XES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and m 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year 010670 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VG PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	O THE FUNERAL DIRECTOR: After this certificate he filed within 72 hours after death with the State I	MPORTANT: If item 28 is marked, or item

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

ITEMS: 1.9a,10b,10c,10e,10f, PER F.H. FILM G-719 1/17/95 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OHN JOHN CARROLL FOWBLE, V.M.D. 139 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 214-18-410 1 M 2 | F Maryland 9a, FACILITY NAME MEDICAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balli DIRECTOR Duter RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER IOI. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rd 70 Z1204 21093 201 W. TIMONIUM ROAD USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) lege (1-4 or 5+) 5+ Veterinarian Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Jacob Fowble BE Lu1a Anderson 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John Franklin Fowble, V.M.D. 2907 Stockton Rd., P.O. Box 155, Phoenix, MD 21131 20a. METHOD OF DISPOSITION
1 [XBurlal 2 | Cremetion 3 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 20b. PLACE AND DATE OF DISPOSITION (Name of 975 20c. LOCATION — City or Town, Stata moval from State 4 Donation 5 Dotter actiony Druid Ridge Cemetery Jan Pikesville, Maryland 21. SIGNATURE OF STRESSAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lemmon Funeral Home Lowell M. Lemmon 10 W. Padonia Road, Timonium, MD 21093 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. List only Interval Between IMMEDIATE CAUSE (Final Onset and Dasth disesse or condition reaulting in death) CERTIFICATION Sequantially list conditions, If sny, lasding to immediata cause. Entar UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 PYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 70 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHY CLASS To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(s) and manner as stated (Check only 2 MEDICAL EXAM ninstion and/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(s) and menner as stated. AND TITLE OF CERTIF 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 95 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, EE, MID. ST OM

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R TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAI	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3	3. TIME OF OE	ATH
	OLIVIA FERNA	ANDEZ				INAL	IARY 13		YEAR	7 · 30	D M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH			LACE (State or	Foreign
	0 10 32 0300	1 M 2 K F	YRS.	10   8		MAR.	5,1994	g		wich,	t.
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  RESIDENCE OF DECEMENT										
E C	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				1	Od. INSIDE CI	TY
	CT. FAIRFI	ELD	G	REENWIC	H				1	LIMITS?	NO NO
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY	
岁	590 RIVERSVILLE RO				06831			U.S	.A.		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA Holfy Cuban, Mexic 2 X NO Speci	an, Puerto P	? (Specify Yea licen, etc.)	or No — 14	Black, \	- American in White, etc. HISPAN	1
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor. life. Do NOT use r	k done during mo	on st of working	16b.	KIND OF BUS	I SINESS/INDUS			
BE COM	17. FATHER'S NAME (First, Middle, Last) ROBERTO J. FERNAND	EZ			18. MOTHER'S NA MARIA		fiddle, Melden				
TO B	190. INFORMANT'S NAME (Type/Print) ROBERTO J. FERNAND	EZ			nd Number or Rural					831	
	20s. METHOD OF DISPOSITION  1   XBurlel 2   Cremetton 3   Removal from State  4   Donetton 5   Other (Specify)   DATE   SUAREZ, ARGENTI										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE—BALTIMORE, MD 21229										
	23. PART I. Enter the diseases, Dr co	mplications that caused	the death. Do not							Approxi	
	ahock, Dr heert feilure. List only Dne cause Dn eech line. inte iMMEDIATE CAUSE (Final										
	disesse or condition resulting in death)	Jepsi5								200	ech
			CONSEQUENCE OF):	)						1 2	2.0
NO N	Sequentisity list conditions, b.	7 schenic	consequence of:							2n 2n 3w	were
AT	if any, lesding to immediate cause. Enter UNDERLYING	Perforat	0 1	29.						74	Rel
임	CAUSE (Disease or Injury c. that initiated events		CONSEQUENCE OF):							-	con
CERTIFICATION	reaulting in death) LAST	Line-To	ansulan	+ X3						1300	eel.
	PART II. Other significent conditions					- I				1	
CAL	1	contributing to deeth bi	it not resulting in	ine underlying	cause given in	Part i.	24a. WAS AN		A	MAILABLE PRIO	R TO
	Ac Le va O.	7					1 YES 2	□ NO		COMPLETION OF OF DEATH?	CAUSE
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	E DEATH VEC		LINICEDTAL				1	TYES 2	NO
A N	25. WAS CASE REFERRED TO MEDICAL		86. PLACE OF DEATH		UNCERTAI	иП					-
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	0	THER:	5 🗆 Residence	a   Oil-	(Specific)				
Ě	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJ	JRY AT	1	CRIBE HOW IN	JURY OCCU	RED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO						
	3 Suicide 4 Homicide  8 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ite Number,		
COMPLETED		AN: To the best of my knowle On the bests of exemination								ind manner as	stated,
m a	296. SIGNATURE AND TITLE OF CERTIFIER	10 0			29c. LICENSE NU	MBER	T	29d. DATE S	GUIGNED (I	fonth, Day, Yes	-)
3	11/mit 1 (1/6)	rlia.			F95.	35		D 11	13/	95	
=	Math John		TH (ITEM 27) (Type, Pr		Street	Berl	to. I	no	21:	295	
	JAN 17 1995 Jul	32 REGISTRAR'S SENT									

It has now requires that the death certificate be executed within 5.4 hours after death. Page 6 may be retained by the hospital or attending physician.

The new been signed by the afternding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made in the new last the funeral director. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

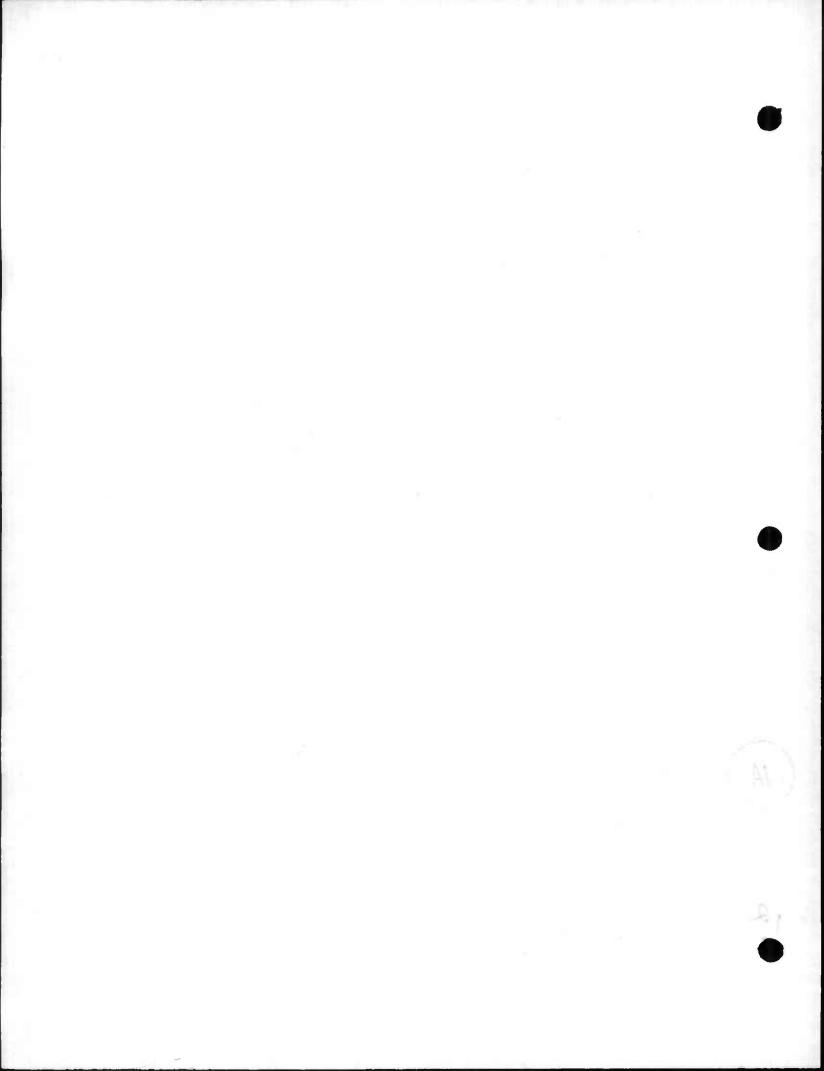
BALTIMORE, MARYLAND 21215-0020

WTAL RECORDS, P.O. BOX 68760

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2	L OR A	DIRECT.	72 hours	Hem
_	TO THE HOSPITAL	THE FUNERAL	_	MPORTANT: If Item
	2	FUN	withir	TAN
	표	置	filed	20
	2	2	8	₹
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## FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						IOAII	_ 01	DEA			EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH									F DEATH					
	Norma Elizabeth Farac									January 15, 1995			995		M
				6. AGE (In yrs	. last birthday)	IF UNDER	UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			
	212-42-3022 1 H 2 x F 79			YRS.	YRS. MONTHS DAYS HOURS MIM.			MIN.	July23,1915			Maryland			
	9s. FACILITY NAME (If not in	natitution, give si	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
6	Carroll County General Hosp				sp.	Westminster					(	Carroll Co.			
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY														
≝						Y, TOWN		1917						10d. INSIE	
	Md .  10e. STREET AND NUMBER					Baltimore						1 🔀 YES 2 🗌 NO			
ᇫ							101	. ZIP COD				10g. CIT		HAT COUN	TRY?
FUNERAL	43 S. Fulton Ave.								2122	3			USA		
교	11. MARITAL STATUS  1 □ Never Married 2 □ Married FORCES? 1 □ YES ★ Never Married 1 □ Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married   Never Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 2 □ Married 3 □ Married 2 □ Married 3					13.	WAS DEC	ENDENT (	OF HISPAN	NC ORIGIN? (S)	pecify Yes	or No—	14. RACE Black	- America	en Indian,
ĭ B	3) Wildowed 4 Divorced IF YES, GIVE WAR OR DATES						1 YES	2 X NO	Specify	:	,,		Specif	y:	
	15. DEC	EDENT'S EDUC	CATION	100	DECEDENTS							Whi	te		
	(Specify onl	y highest grade	completed)	(Give kind of	ive kind of work done during most of working  . Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY						
7	Elementary/Secondary (0	F12)	College (1-4 or 5		House		0								
COMPLETED	1.1 + h 17. FATHER'S NAME (First, M	liddle, Last)			110 45	- W T T	18. MOTHER'S NAME (First, Middle, Maid								
	George	Honr	v Lotma	t o									noic	~ ~	
BE							Marguerite Sc    Marguerite Sc								
임	Concetta		203 Wilden Drive Towson Mc						,,						
	20e. METHOO OF DISPOSIT			20h BLA	CE AND DATE										
	1 ☐ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery,	crematory or o	ther place)			/10/						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE   New Cathdral 1/19/95 Baltimore Md.														
	DR T	1	Connelly Funeral Home of Essex												
	1	eru	y con	rell	4	ી ર	00	Mace	Δ 77	o Ra	1+12	more	SM c		221
	23. PART I. Enter the di shock, or h	esri fallura. I	of plicetions the	t caused the se on sach!	death De I	fot enter	the mo	de of dy	ing, suct	as cardiac	or respin	atory an	rest,		roximsta rval Between
	IMMEDIATE CAUSE (Fir	nai													et and Death
disease or condition								TEAL	MINDL						
1			DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Newson or India).  SEUENE DE BILL (TA - DUE TO (OR AS A CONSEQUENCE OF):  META STATIC OVANIA								91	LON	/					
<b>=</b>	If sny, lasding to immediate. Enter UNDERLY		LIC OVANIAN MALIGNANCY												
2	CAUSE (Disesse or inju	ny 🕻 °	M & T	OR AS A CON	9 7 1 4	U	VA	1113	N	MAL	164	AN	6/		
	that initisted events resulting in death) LAS	T	DUE 10	(On AS A COR	SEQUENCE DI	-}:									
		0	·												
- 19	PART II. Other significa								given in i	Part i. 24e.	WAS AN A		24b.	WERE AUTO	PSY FINDINGS
NCAL	ADVAN		ARTHAITIS				PERFORMED?		11 3	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
Ü	CHAP	KIC	ATOLA	LF	1300	BAILLATION				T TES 2 PNO		- 1	OF DEATH?		
2	DID TOBACCO U								ERTAIN					1 [] YES	2 NO
Š	25. WAS CASE REFERRED TO				LACE DF DEAT			0140	-KIMI						
SICIAN	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	ting Hom	· Xa	aldanca	8 Other (Spe	no/ful				
	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	Taluarica (	28d. OESCRIB		JURY OC	CURED		
		Pending	(Month, Da	ay, 10ar)	INJ	URY M	1   Y	RK? 'ES 2	NO						
_	2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Boute Number														
3															
290. CERTIFIER															
29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  29f. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)															
									dus to th	o the cause(e) end menner se stated.					
									Year)						
2	DAME AND ADDRESS DE	NEDECT III	phone	well	9	y.D	1	שע	1 5	916		7	AN-	16.	45
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			TARAN			D.	76	1 ) (	. 17		112	רובו	2 10	61	202
	31. DATE FILEO (Month, Day,	7 199!	32. PEGISTRA	SIGNATURE SUCCES	Rarball										
_][	JMIT +	100													i i



QIVISION OF VITAL RECORDS, P.O. BOX 68760

ATTENDING PROSCOAN: The law impulses that the death certificate be executed with though a formular death. Page 6 may be retained by the hospital or attending physician.

RECIDE Also the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND		HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			1	DATE OF DEATH 3. TIME OF DEATH							
	Russell	Kale		FULTON	MON			1995				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS.	Januar 7. DATE OF	7		THPLACE (State or Foreign			
	227-10-1321 9e. FACILITY NAME (If not institution, give st					ours Min. 11 Many 21 / 15			rginia			
۳.	Franklin Square He			1	OR LOCATION OF D SVIlle	DEATH		Baltin				
5	RESIDENCE OF DECEDENT							Darcin	OTE			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
	Maryland Balti	more	Perry Hall				1 TES 2 NO					
RAL	100. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?			
FUNE	329 "K" Silver Spr				21128			U.S.	Α.			
F	11. MARITAL STATUS  1 Never Married 2 Merried		AS DECEDENT EVER IN U.S. ARMED ORCES? 1 X YES 2 NO If yes, spec				MDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RAicly Cuban, Mexicen, Puerto Rican, etc.)					
₩	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	1 TYES 2 NO Specify:			,	White					
8	15. DECEDENT'S EDUC	WW II	184 DECEDENTS	LIGHAL OCCUPATI	<u> </u>							
H	(Specify only highest grade ( Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	His Do MOT use settlened b									
집	6	College (1-4 or 5+)	Ring Ma		Jewelry							
once. COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Midd						
E B	Isiah Fulton					e Low						
otified O B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			City or Town,	State, Zip Code)	2ode)			
must be notified at once.  TO BE COM	196. INFORMANT'S NAME (Type/Print)  195. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Co  Judith Thompson  2413 Sycamore Lane, Edgewood Maryland											
ž.	20a. METHOD OF DISPOSITION	201	PLACE AND DATE	OF DISPOSITION /N	ame of	CATE	7	TION — City or				
Ē	1 M Burlet 2 Cremetion 3 Removal from State 4 Donetton 6 Other (Specify) Meadow Ridge Mem. Pk. 1/18/95 Howard Co., MD.											
examiner	21. SIGNATURE OF PUNERAL SERVICE LICE	ENSE		22. NAME A	ND ADDRESS OF FA	ACILITY						
жаш	& fru 1x	Jangleye	R		zinski F				04.004			
ical	1407 Old EASTERN Ave.Baltimore, MD.21221  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
the medical	snock, or heart feiture. List only one cause on each line.											
th the	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Acute myocardial infarction											
ent,	reaulting in death)	45 minute										
5 Z	OUE TO (OR AS A CONSEQUENCE OF): Coronary artery disease											
or other traumatic event, ERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
E S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
# E	that initiated events											
5 E	resulting in death) LAST											
injury,												
	PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?											
EDIC	1 ☐ YES ¾XNO											
å ≥	DID TOBACCO USE CONTR	IRLITE TO CAUSE C	E DEATH VI	S D NO F	LINCERTAL				1 TYES 2 NO			
ed, or flem 23 PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	IBOTE TO CAUSE O	26. PLACE OF DEA		UNCERIAL	иПТ						
or Item 23 YSICIAN	EXAMINER?	HOSPITAL:		OTHER:								
H Y	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		JURY AT			IBV OCCUBED				
P P	1 Natural 5 Pending	(Month, Day, Year)	IN.	YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED							
B BY	2 Accident Investigation 3 Suicide 6 Could and be	28s. PLACE OF INJURY	- At home, farm,			28t. LOCATIO	IN (Street end	Number or Rural	I Poute Number			
28 TEC	4 Homicide 6 Could not be	building, atc. (Spec	offy)				wn, State)	Trained of Traine	roote (tarribo),			
COMPLETED	294. CENTIFIER DE CERTIFYING PHYSIC	AAN: To the best of my know	lades death seem	-d -d -d - d	neren a saya							
N E	(Chech person one) /2 / Agroycal Examiner	On the basis of examination	n end/or investigation	on in my coloion i	end place, and due	time data and	e) and manne	r as stated.	(A) and			
B 0	296. SIGNATURE AND TITLE OF CERTIFIER	-//										
MNORTANT_Milem 28 is marked.  D BE COMPLETED BY PH	THVXVVI	H 11.1	7		29c. LICENSE NUMBER 01461			29d. DATE SIGNED (Month, Day, Year)				
₹ P	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								13-43			
	Dr.Gunta Wheeler				ive Ral+	imore N	Agrul a	nd 212	27			
	31. PANIL P ( Prin 1995 ) July	Minhan Rank	L'RE	Laro DI.	LIC DULL.	Imone I	агута	iiu ZIZ	<i>J</i> /			
	JAN T , 1999		100									

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or attendi	r use as 1		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it		nce.
by th	be de		at o
retained	5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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that !	ned by	Ith and	any
requires	een sigr	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Shows
e law	has b	Dept.	1 23
AN: Th	ificate	State	r iten
1YSICI	is cert	ith the	ed, o
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TENDI	TOR: A	after d	28 is
OR AT	DIREC	HOURS &	tem 2
PITAL	ERAL	1 72 H	THE
SOH 3	E FUN	d with	RTAN
TO TH	THI CL	be filed	IMPO

KENDALL R. FAULKNER, M.D.

31. DATE FILED (Month, Day, Year)

JAN 1 7 1995

Jan 2 1995

	ITEMS: 1. & 4. PER	F.H. FILM G-7	719 1/1	7/95 t.t					9	15	0075	52
	1 - FOR STATE REGISTRAR	STATE OF MAI		/ DEPARTME				YGIENE				
15	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				TIME OF DEAT	Н
100		LOICE		HNEIDER F	ISHER	-	Janua:		) 199		2:30 p.m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. le	St birthday) IF UP YRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Da		1	B. BIRTHPL. Country)	ACE (State or Fo	reign
9	219-30-1021  9e. FACILITY NAME (If not institution, give s	Λ	Λ 00			OR LOCATION OF D	Dec.		928		land	
E E	and the second of the second o											
DIRECTOR		Cardinal Shehan Center for the Aging Towson Baltim  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION									:e	
E E								d. INSIDE CITY				
									IOn. CITIZI		T COUNTRY?	NO
FUNERAL	6606 Walnutwood	d Circle				21212			SA	000111111		
S	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. A	RMED	13. WAS DEC	CENDENT OF HISPAN	NC ORIGIN? (S	pecify Yee or		4. RACE	American India	in,
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR					iben, Mexicen, Puerto Ricen, etc.) IO Specify:			Black, White, e Specify:		
ED E	15. DECEDENT'S EDU	CATION	16e. D	ECEDENT'S USUA	L OCCUPATION	ON	16h Kia	ID OF BUSIN	ESS/INDI	White		
Ш	(Specify only highest grade	College (1-4 or 5+)	- G	Give kind of work do le. Do NOT use retire	one during mo ed.)	ost of working	100.100	D 01 D00110	CSS/IIIDO	JINI		
COMPLET		ŀ	Homemaki	Own Home								
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middl	le, Maiden Su	mame)	_		
8	Albert Henry Reifschneider					Thelm				vris		
유	19b. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mr. William Hess Fisher  6606 Walnutwood Circle, Baltimore, MD								212			
1	20e. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name of											
	1 Burlet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Greenmount Crematory 1/11 Baltimore, Ma											
	21. SHOMATURE OF PUNERAL SERVICE LIBENSEE					ND ADDRESS OF FA	CILITY				, , , , , , , ,	
	Martin D. Lav		Mitchell-Wiedefeld Home 6500 York Road, Baltimore, MD 21212									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raepiratory errest, ehock, or heart feilura. List pnly pne cause pn each line.									st,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cerebrovascular academy  a. Cerebrovascular academy									Interval Between Onsat and Deati		
	reculting in death)				cia	eacht					2 m	s,
_	DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	Sequantially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										<u> </u>	
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury											
=	thet initiated evente resulting in deeth) LAST											
CEH	d											
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY FINDINGS PERFORMED?  AMALABLE PRIOR TO											
MEDICAL	OVARIAN CANCER 1 YES 2 XNO								CC	MPLETION DF C		
	1 YES 2 NO										10	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chack only one)											
SICI	EXAMINER? HOSPITAL: QTHER:											
H	27. MANNER OF BEATH	ATH 286. DATE OF INJURY 26b. TIME OF MAILINGY					Nursing Home 5 Recidence 6 Other (Specify)  28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUR					
ВУ	1 Natural 5 Pending 2 Accident towastigation	5 Pending M 1 YE					YORK?					
ED E	3 Suicide 6 Could not be 4 Homicide determined	ome, farm, street,	straet, fectory, office 28			281. LOCATION (Street and Number or Rural Route Numb City or Town, State)			e Number,			
1 by 1												
COMPLE		ICIAN: To the beet of my I										
00	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Fair On	1. 1.	$\sim \sim$		29c. LICENSE NUI		2	9d. DATE	SIGNED (M	onth, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	E DEATH (IT	EM 27) (Sense Order)		045	043		/	11/4	2	

2300 DULANEY VALLEY RD.

32 AEGISTRAR'S SIGNATURE

TOWSON, MD 21204

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	TO THE MOSTIAL DESCRIPTION PROBICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FINE ALL DIRECTOR AND RECORD SECRET SIGNED BY THE ATTENDING PHYSICIAN AND COMPRETED FIRE TUNE ALL DIRECTOR, DOZE 5 SHOULD BY	be filed within through the property with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT IN tem 28 is financial, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / Ce	DEPAR ERTIF	TMENT	F OF H	EALTH DEAT	AND	MENTA	HYGIEN	Ε			
i i	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEA	тн
	Edith Jeanette Ferrens January 12 1995								5:50	Рм				
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		S. BIRTH	PLACE (State or F	1
- 1	214-40-3032	1 🗌 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		13 19	908	Mary		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF D				INTY OF DE		
DIRECTOR	Wesley Home				Bal	timo	re				N/A	A		
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,		40. 017	Y, TOWN (	20.004	1001							
Ĕ	Maryland N/A	•					ION					- 1	10d. INSIDE CIT LIMITS?	
	100. STREET AND NUMBER			Bal	timo		ZIP CODE						1 X YES 2	NO NO
A	2211 W. Rogers A	TODILO.				1,11							HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I	EVED IN IL C. ADI	MED	40		1209						States	
	1 X Never Married 2 Married	FORCES? 1 [	YES 2 N	0		If yes, sp	cify Cuba	n, Mexica	in, Puerto I	? (Specify Yes tican, etc.)	or No	Black	- American Ind , White, etc.	len,
B	3 Wildowed 4 Divorced	ir tes, Give way	OH DATES			1 [ YES	2 X NO	Specif	y:			Specif	White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Teacher  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Teacher  16. KIND OF BUSINESS/IN  Figure 16. KIND OF BUSINESS/IN  16. KIND OF BUSINESS/IN  16. KIND OF BUSINESS/IN  16. KIND OF BUSINESS/IN  16. KIND OF BUSINESS/IN  16. MOTHER'S NAME (First, Middle, Last)							SINESS/INI	DUSTRY						
	Elementary/Secondary (0-12)	lile.	Do NOT us	ie retired.)	auring mo.	st of workin	g							
MP		Te	ache	r					Educat	tion				
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)													
BE								1is Lavina Ridgely er or Rural Route Number, City or Town, State, Zip Code)						
2	19a. INFORMANT'S NAME (Type/Print)													
	Ruth Doyle		8	16 F	airw	ay I	rive	Tov	son,	Mary]	land	2128	6	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Rame	oval from State	20b. PLACE A cemetery, crer	natory or of	ther plecel				DATI			City or Tov	,	
	4 Donation 6 Other (Specify)		Lorra	ine ]	Park				1/1	6 Woo	odlav	m, M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	7 Lia			22. M-	itch	D ADDRES	Ji od	ofo1	1 Home	Tm	0		
	Sleven 1.	our			6'	500	York	Roa	d Rai	timor	е М	arvla	and 2121	12
	23. PART I. Enter the diseases, or of	complications that of	aused the de	eth. Do r	ot enter	the mo-	de of dyi	ng, auc	h as cerd	lac or respi	ratory ar	reat,	Approxim	ata
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	ciat only one ceuse	on esch line.										Onaet an	
	disesse or condition resulting in death)	. RINO)	mton	1 6	m	540							j	
- 1	reading in death)	DUE TO (O	R AS A CONSEQ	UENCE O									-	
Z	Commentation that a second	DALL	MON I	a										
E	Sequentially list conditiona, if any, lesding to immediate	DUE TO (O	R AS A CONSEC	UENCE OF	7):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury										_			
	that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEO	UENCE OF	<b>ገ</b> ፡									
CERTIFICATION		d				_							-	
	PART II. Other significant condition	a contributing to de	eath but not re	sulting	n the un	derlying	cause g	iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY F	
DICAL										PERFOR			AVAILABLE PRIOR	
										1E9 E	_ 140		OF DEATH?	

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

26. PLACE OF DEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) Inpetient 2 - ER/Outpatient 3 - DOA

27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) Investigation

6 Could not be determined

EXAMINER?

t Natural
2 Accident

3 Sulcide

2

4 Homicide

28e. PLACE OF INJURY — At home, tarm, street, tactory, offica building, etc. (Specify)

28c. INJURY AT WORK?
1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

January 13.

28d. DESCRIBE HOW INJURY OCCURED

29a. CERTIFIER
(Check only one)

1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

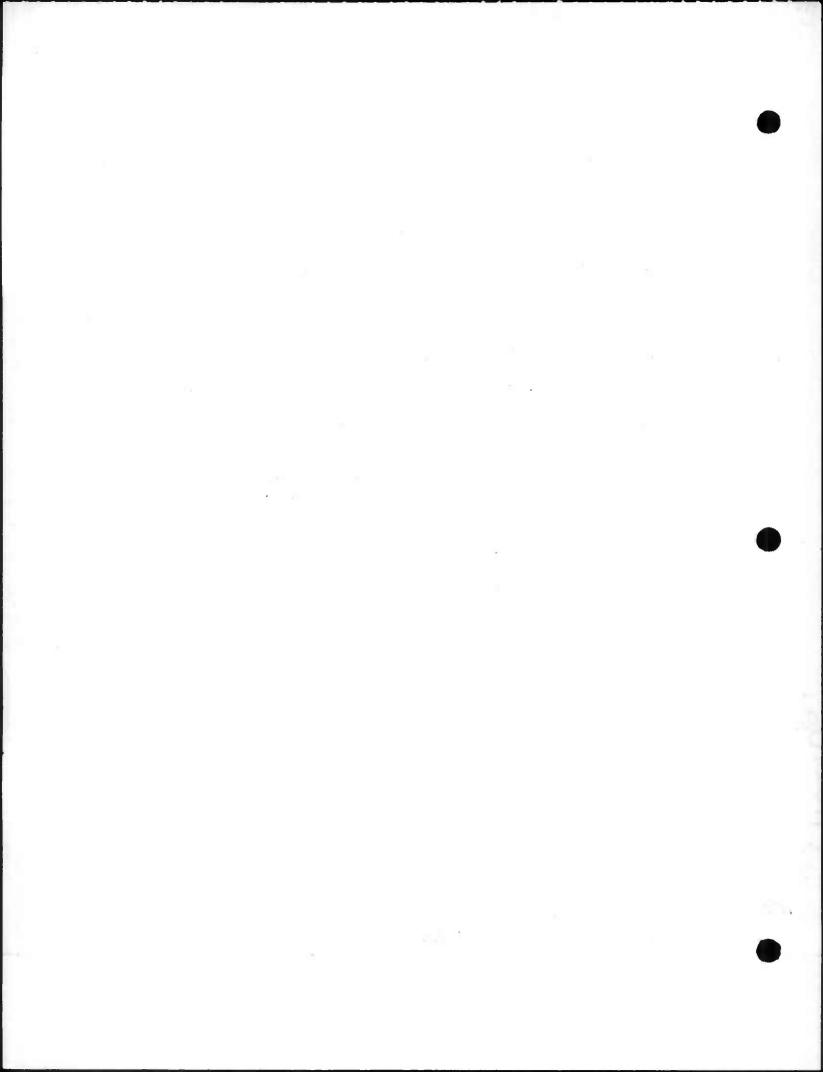
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. Huffaker, 29 S. Greene Street Baltimore, Maryland 21201 M.D.

JAN TOTAL 1995 1995

1 YES 2 NO

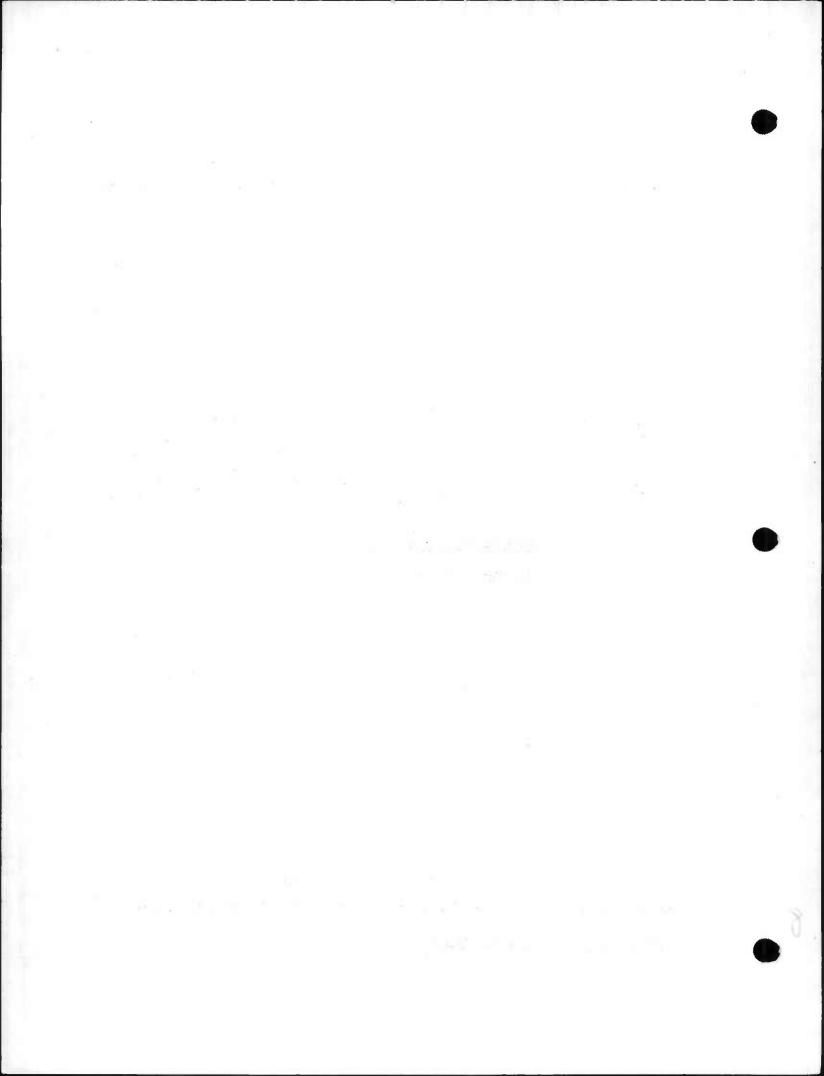


BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	a challicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION DE VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DANTED TIME AND CLANS. The law requires that the death certificate be executed within	TO THE FUNEFAL CHEEP COMPLETED IN COMPLETE has been signed by the attending physician and completely filled in by the . be filed within 72 hours men cent with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

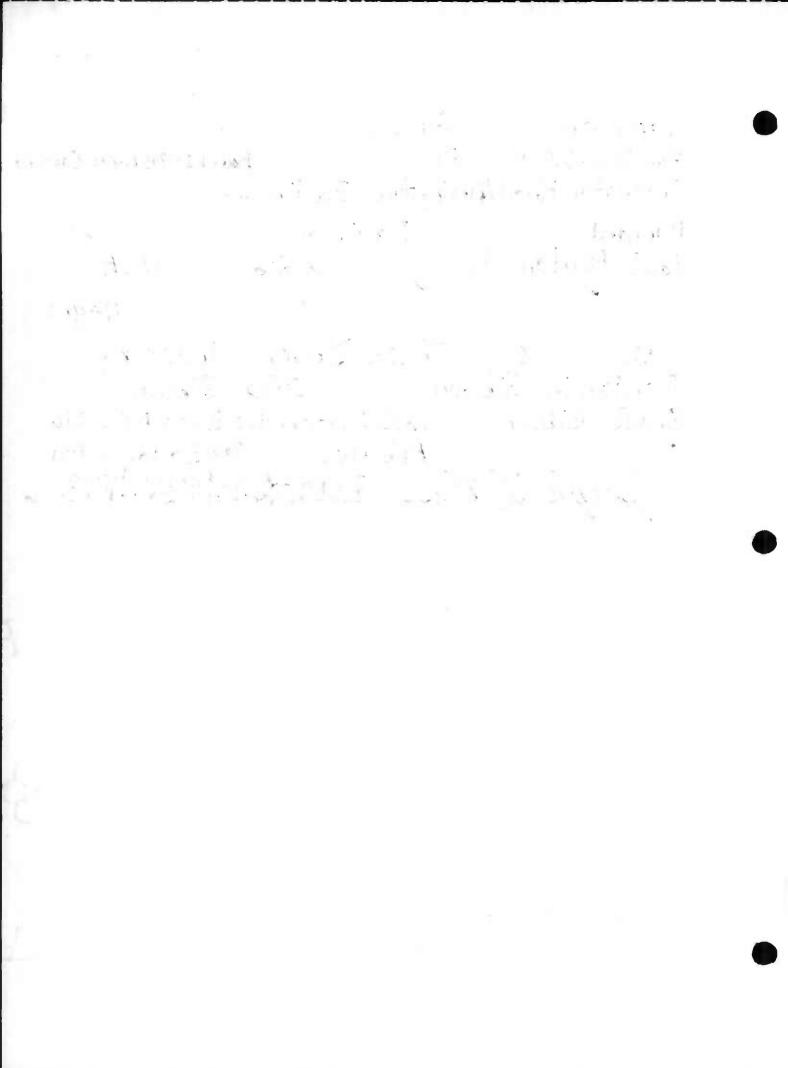
	REGISTRAR		UL	.MIIII	CALE	Jr DEA	чи	REG. NO			
,	1. OECEDENT'S NAME (First, Middle, LA A. HEI	•		FISHER			2. DATE OF DEATH MONTHUAN 1 3 1 1995 YEAR 3. TIME OF DEATH 0:35 ATM			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-12-2323	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 Y	IS DAYS HOURS MIN, (Month, Day, Year)			s. BIRTHPLACE (State or Foreign Country)  Maryland		
	9a. FACILITY NAME (If not institution, g					WN OR LOCA		ATH	9c. COUN	Baltin	ATH
DIRECTOR	Saint Joseph Ho				Towson, Maryland Baltim				lore		
ည္က	10a. STATE 10b. COL			t0c. CITY	Y, TOWN OR LOCATION 10d, INSIDE CITY					10d, INSIDE CITY	
	Md. B	altimore								LIMITS?	
FUNERAL	8139 Loch Ra				101. ZIP CO			10g. CITI	USA	IAT COUNTRY?	
BY FUN	ti. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE W	YES 2 X N	NO If yes, specify Cuban, Mexican, Puarto Rican, atc.)				14. RACE Black, Specify	American Indian, White, etc. White		
	15. OECEDENT'S (Specify only highest g		téa. DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-t2)	College (1-4 or 5+)	) Iffe.	Do NOT use	eepel	g most of wor	king	Adver	+iqi	nα	
₹	17. FATHER'S NAME (First, Middle, Last)		DC	OKK	eebei		THER'S NA	ME (First, Middle, Malden		ng	
	John Karpin	ski						ie Grybo			
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILINO	ADORESS (SI			Route Number, City or Tow		Code)	
임	Claire Vech		3	3514	Corr	wall	Ct.	Baltimo			21222
	20a METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 5  4 Donation 5 Other (Specify)	20b. PLACE At cemetery, crem Sacr	nd DATE O	FOISPOSITION POR PROPERTY PROP	N(Name of (	Cem. Mary	1/16 Ba	cation — c altii		n, Stata , Md .	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt Rd 21222								undalk		
CERTIFICATION	23. PART I. Enter the disease of complications that caused the death on not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart reduce. List only one cause on each line.  Approximate interval Between Onset and Dasth of the constitution of the complete of the cause or condition resulting in death)  CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  AORTIC STENOSIS  DUE TO (OR AS A CONSEQUENCE OF):										
SERTIFI	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	OUE TO (	OR AS A CONSEQU	UENCE OF	):						
MEDICAL	PART II. Other significent condi	death but not re	sulting in	n the under	lying couse	given in	Part i. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINOINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA					6. PLACE OF	DEATH (Ch	ock only one)			
2	1 YES 2 NO	HOSPITAL:	ER/Oulpatient 3		OTHER:	Homa 5 🗆	Residenca	6 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF I (Month, Day		26b. TIME INJU	JRY	. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW I	NJURY OCC	CURED	
2 Accident investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined  288. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  288. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								ute Number,			
COMPLE		IYSICIAN: To the best of r									and manner ee stated.
4	29b. SIGNATURE AND TITLE OF CERTIFICATION	mhr	Mho	0		D 3	0263		<b>&gt;</b> /	1/13/	Month, Day, Year)
-	50. NAME AND ADDRESS OF PERSON FRANCIS KHOO,	M.D., ST. JO	S. MED.	CTR.	7620 \	ORK	3D., T	OWSON, MD	2120	4	
	31. DATE FILEO (Morth, Day, Year)  32. REGISTRAR'S SIGNATURE  JAN 1 / 1995 July Dayslar Raylall										



permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. And in by the funeral director, page 5 should be detached for use as the burial-transit BALTIMORE, MARYLAND 21215-0020 attending physician and completely filled in by the funeral director, page 5 should be detached notified at once pe or other traumatic event, the medical examiner must or removal. cremation, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the attending physician and com d Mental Hygiene prior to burial. injury, een signed by the shows any this certificate has been with the State Dept. of it item 23 the or 28 is marked, After I DIRECTOR hours after TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 THE HOSPITAL ( THE FUNERAL D filed within 72 h

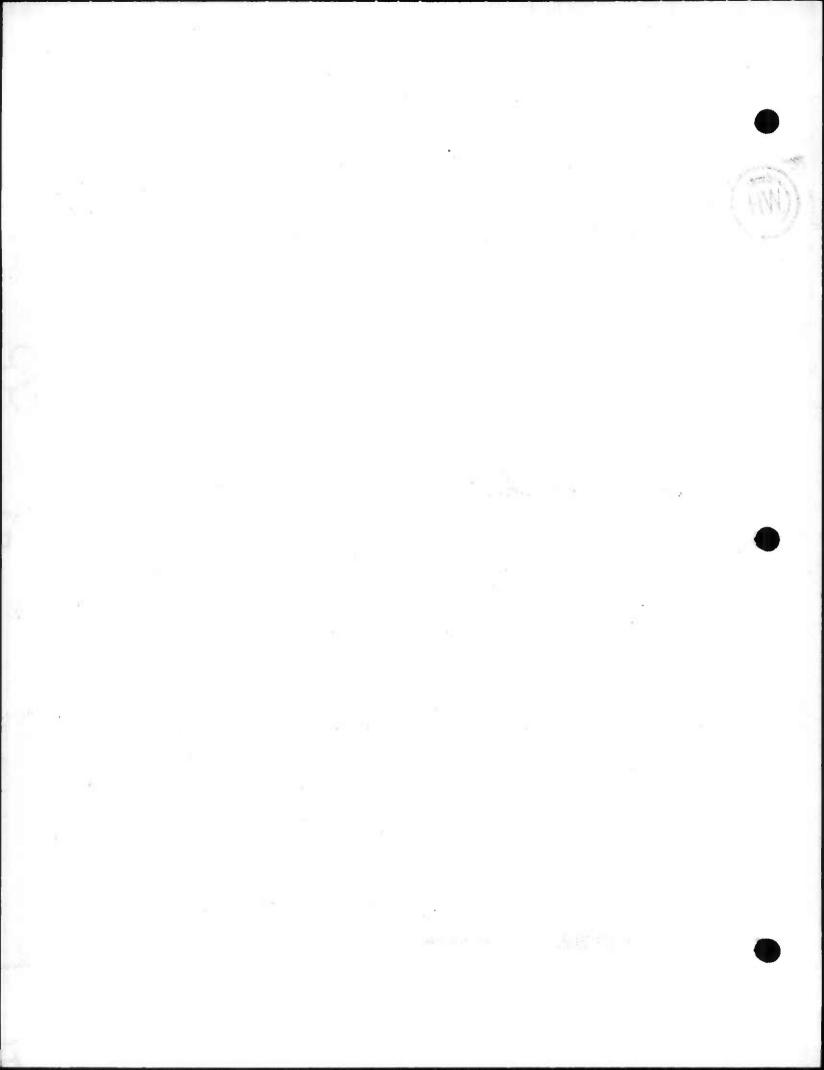
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 50 6:05 4 1 1995 7. DATE OF BIRTH 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 5. SEX 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 1905 North 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimor 10d. INSIDE CITY LIMITS? 1 TYES 2 NO 21216 FUNERAL AND NUM 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Marri BY 3 Widowed 4 Divorced earo COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest a (1-4 or 5 +) /Secondary (0-12) FATHER'S NAME (First, Middle, Last) BE 2 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na 2 Cremetion 3 🗆 4 Donation 5 Other (Specify) OF FUNERAL SERVICE LICENSEE ADDRESS OF FACILITY 22 2 Enter the diseases, or complications that caused the de-shock, or leart failure. List only one cause on each line. tions that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Acute myccordial infaction disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): thousalorence CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Deme nua CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST anenia PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO Recyont breamma COMPLETION OF CAUSE 1 | YES 2 | NO 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetlent 3 | DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 1 YES 2 NO ВУ 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/99 D30494 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balh MD DESAL m 660 Wilkens 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1995 Studior Rada



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR		ARYLAND / DEPAR CERTIF	RTMENT OF H	DEATH AND	MENTAL HYGIEI REG. NO						
	1. DECEDENT'S NAME (First, Middle, Le WALTER	W .	GREEN			2. DATE OF DEATH	M3 9"	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	7 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-18-23		BIRTHPLACE (State or Foreign Country)				
OR	9e. FACILITY NAME (If not institution, given 1635 EDMONDS)		3RD FL.		OR LOCATION OF DE	EATH	9c. COUNTY	OF OEATH				
RECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY  10c, CITY, TOWN OR LOCATION  10d, INSIDE CITY											
ā	Maryland 10e. STREET AND NUMBER	na		Baltim	ore			LIMITS? 1 YES 2 NO				
IÈRAL	1635 Edmond	son Avenu	ie		2121	7	10g. CITIZEN	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	14.	RACE American Indian, Black, White, etc. Specify: Black				
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY											
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meider	n Sumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print)											
	20a. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. BaltimoreSt, Balto, MD21201  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximate										
	23. PART I. Enter the diseases, o ehock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause	aused the death. Do no each line.			as cerdiac or reep	-	interval Between				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that injured exercise or injury Due TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
EE	that initiated events resulting in death) LAST											
CAL	PART II. Other significant conditi	ons contributing to de	eeth but not resulting	in the underlying	g ceuse given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N: MED	DID TOBACCO USE CON	TRIBUTE TO CAU	SE OF DEATH YE	S NO	UNCERTAIN	- 1.0	rection	1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	e 5 X Residence	8 Other (Specify)						
ву РНУ	27. MANNER OF DEATH  S Pending Accident Investigation	28e. DATE OF IN (Month, Day,		JURY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D				
ETED 8	3 Suicide e Could not b	28e. PLACE OF I building, atd	NJURY — At home, farm, s :. (Specify)	streel, factory, office		281. LOCATION (Street City or Town, Stete)		ural Route Number,				
COMPLE			knowledge, death occurre					use(e) and menner as stated.				
TO BE (	296. SIGNATURE AND TITLE OF BERTIF	M. Ku	à mit	5,	O.C.M			NED (Month, Day, Year) 1. 4,1995				
	30. NAME AND ADDRESS OF PERSON OF	M (K	9 <sup>7</sup> DEATH (ITEM 27) (Туре, 111 Penn		t, Balt	imore, M	arylan	nd 21201				



1		-	ST/ RE	ATE		AF
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ľ	4	0	DCIA	1 8	ECI	ND1

_	REGISTRAR CERTIF	ICATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  CARLTON W. GIBBS, SR.  2. DATE OF DEATH MONTH DAY 01-14-95  3. TIME OF DEATH 6:30 P. M									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) $\times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times$	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-15-10	8. BIRT Coun	HPLACE (State or Foreign				
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  MERIDIAN — LONG GREEN  RESIDENCE OF DECEMENT		R LOCATION OF DEAT		9c. COUNTY OF					
E E		Y, TOWH OR LOCATI	ION							
	MARYLAND  10e. STREET AND NUMBER	BALT	'IMORE (	CITY		10d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	19 - B HAMIL ROAD	101.	10f. ZIP CODE 10g. CITIZEN OF WHA 21210 U.S.A							
BY	11. MARITAL STATUS  1 Never Married X2X Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES	If yes, spe	ENDENT OF HISPANIC polity Cuban, Maxican, F 2XXVO Specify:	ORIGIN? (Specify Yea Puarto Rican, etc.)	Spec	E — American Indian, ek, Whita, atc. etty:				
8	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BUS		WILLE				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) Ille. Do NOT use	e retired.)	AL ENGINEER  ENGINEERING							
COM	17. FATHER'S NAME (First, Middle, Last)  CLYDE M. GIBBS		18. MOTHER'S NAME (First, Middle, Maiden Surname)  ALMA LUKEN							
H	19a, INFORMANT'S NAME (Type/Print) 19b, MAILING	ADDRESS (Street as	nd Number or Rural Rou							
٩	FRANCES Y.GIBBS (WIFE) 10-B	HAMIL	ROAD, BAI	LTIMORE,	MARYLA	ND,21210				
	20s_METHOD OF DISPOSITION ACABURE 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	her place)			ESVILL	own, Stata E , MD . 21208				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AN	ENRY W	JENKIN	IS &	SONS MD.21212				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do no shock, or heart failure. Lief corp. one cause on each line.					Approximata				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ian	- Ad	vane	ead	interval Between Onset and Death				
NOI	Sequentially list conditions, If any, leading to immediate  B. Albertosslerolice Cardiovaral a Texas Year									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
G	C 4.					-				
EDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DESTRY									
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	5 □ № □	UNCERTAIN	n l		1 🗆 YES				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH	H (Check only one)		-						
<u>₹</u>	1 YES XX NO 1 Impatient 2 ER/Outpatient 3 DOA X	Nursing Home	5 ☐ Residence 6 ☐		, ,					
BY P	XIX Natural 5 Pending (Month Day Sear)	A O	12/14	M. DESONIBE HOW IN	JUHY OCCUMED					
	3 Suicide 5 Could not be determined  28s. PLACE OF INJURY - At hother, term, let building, etc. (%doc/ly)	reed factors, office	39	City of Sun, Canal	to Hunghar or Plant I	Soute Number				
COMPLETED	25s. CERTIFYEN XX CERTIFYEN PHYSICIAN To the best of my knowledge, death occurred to the best of examination paths investigation	f at the time, date a	and place, and due to t	The course(s) and many s, date and place, and	oer na stated.	i) and manner as statud.				
BE C	206 SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUMBE		29d. DATE SIGNED					
2	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, I		234	17	- 11/8	273				
	JOHN EVELIUS M.D. 5444 BELAIR	RD. BAI	LTO.,MD.			1				
	JAN 2 V 105 Jali Die Belein Gerteber					ļ				

3. TIME OF DEATH 743A

DHMH-18 Rev 1/89

2. DATE OF DEATH

MONTH O/

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Goldner

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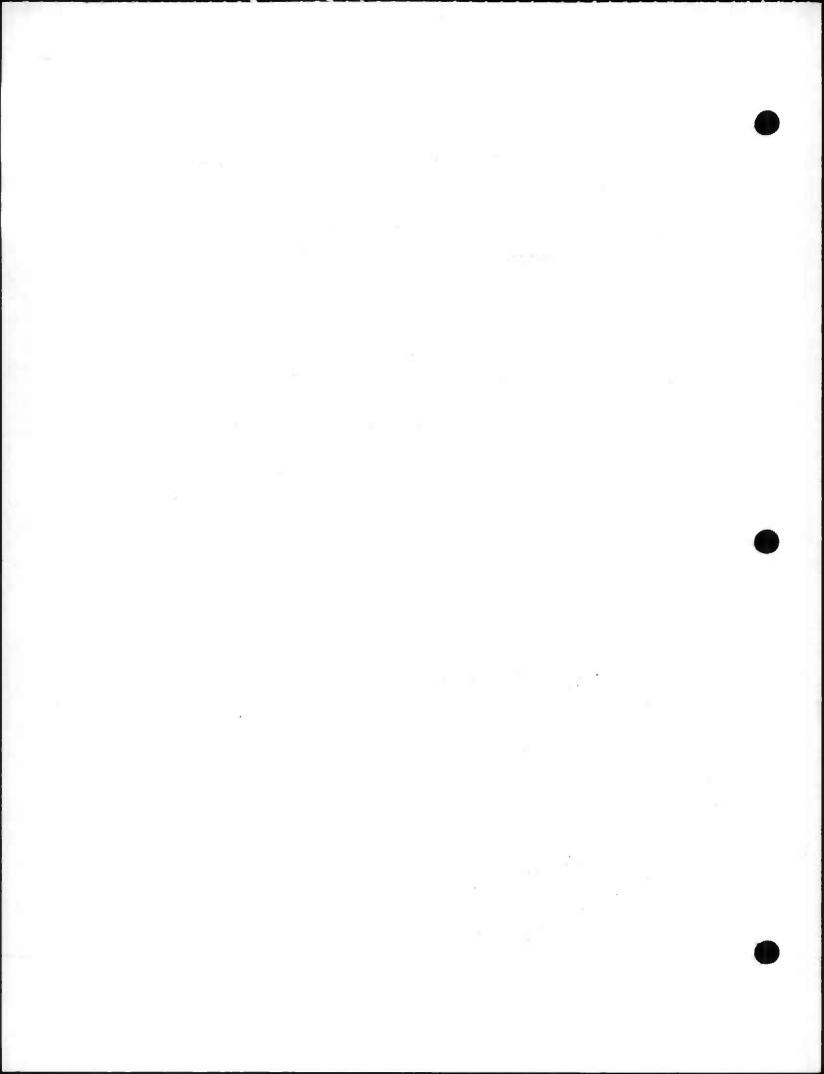
4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign (Month, pay, Year) 08/31/09 216-54-3611 1 🗌 M 2 💢 F MARYLAND 5 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Sinai Hospital Baltimore Pages 1, 2, 3 DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21215 6317 PARK HEIGHTS AVE., APT. 106 use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Pueno Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY Specify: WHITE Nidowed 4 ☐ Divorced ED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Por Elamentary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME COMPL attending physician and completely filled in by the funeral director, page 5 should be detached 12 once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)
RACHELL BONDROFF LOUIS SILBERT 76 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ROSALIND KRONTHAL 3309 WOODVALLEY DR. BALTO., MD pe 20s. METNOD OF DISPOSITION

| Burlel 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Burlel 2 Gremation 5 Other (Specify) cemelety, crematory of other place) (ARLINGTON) 1/12/95 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. 21215 BALTO., MD medical 23. PART I. Enter the diseases, or completations that caused the darkshock, or heart failure. List only one cause on each line. cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween 10 IMMEDIATE CAUSE (Final **Onset and Daath** the cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): /month event, Julnutition burial, traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate My Semal cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated eventa reaulting in death) LAST signed by the atter Health and Mental Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 5/PM1 ALL 1 TES 25 NO OF DEATH? Shows 1 TYES 2 NO has been Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem gate ! State **EXAMINER?** OTHER: 1 TYES NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b, TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural Accident INJURY м 1 YES 2 NO Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Sulcida 6 Could not be COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Modicine Intern 5 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sinai Hopitul 32 PECISIPARE CONCLUS 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

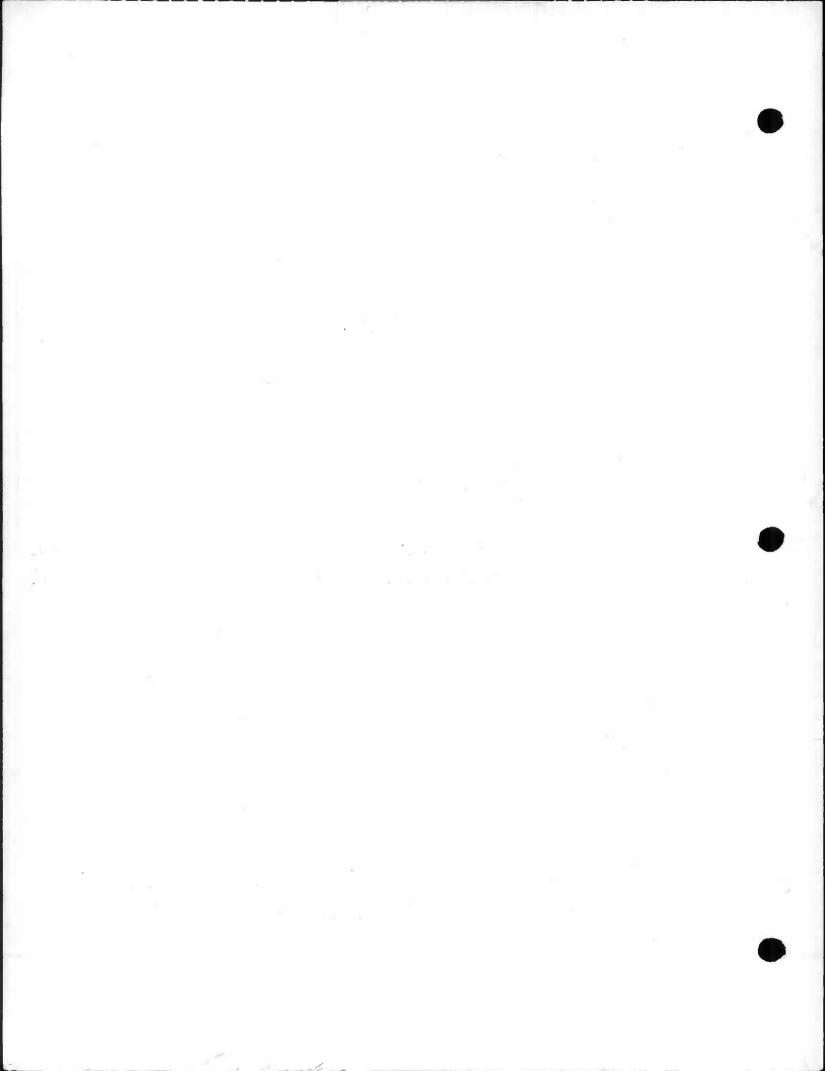
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1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			TAL HYGIEN				
1. DECEDENT'S NAME (First, A		Glas	ner	M M	ATE OF DEATH DATE ON THE DATE OF DEATH DATE	1005 YEAR	3. TIME OF DEATH 5:45 A		
4. SOCIAL SECURITY NUMBE 219-32-0441	s. sex 6. Age (in 85 m 2 □ F	yrs. lest birthday)   F YRS.   MO	UNDER 1 YEAR	UNDER 24 HRS. 7. D.	ATE OF BIRTH	909 a. BIRT	HPLACE (State or Foreign itry) MARYT.AND		
and the state of t	5901 MONTROSE RD., APT. 201 NORTH  96. CITY TOWN OF LOCATION OF DEATH BALTIMORE ROCKVILLE MONTGO								
RESIDENCE OF DECE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
100. STREET AND NUMBER 5901 MONTROSE RD., APT. 201 NORTH 20852							1 A YES 2 NO WHAT COUNTRY?		
10e, STREET AND NUMBER 5901 MONTROSE RD., APT. 201 NORTH  10f. ZIP COPE. 20852  11. MARITAL STATUS 1 Nover Married 2 Merried STORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Mexican, Puerto Rischer, Puerto Risch						Bla	E — American Indian, ck, White, etc.		
	highest grade completed)	Ille. Do NOT use re	done during most of tired.) PHYSHO	working THERAPIS	166. KIND OF BUS MEDICI				
17. FATHER'S NAME (First, Mich. WOLF	GLASNER		Psycho	MOTHER'S NAME (F)		Surname) SCHEINBA	JUM		
19a. INFORMANT'S NAME (Typ	(APrint)	196. MAILING AD	DRESS (Street end I	lumber or Rural Route I	Number, City or Town	n, State, Zip Code)			
MRS. BERTHA	GLASNER	5901 M	ONTROSE	RD., APT.	. 201 N	ROCKVII	LE, MD 2085		
20b. NETHOD OF DISPOSITION  1 X Burnal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Line 1 and Line 1 and Line 2 and Line									
21. SIGNATURE OF FUNDAL	SERVICE ESCAPSES	an		INSON & I		NC.	ID 21.21.5		
23. PART i. Enter the disshock, or he iMMEDIATE CAUSE (Fina disease or condition resulting in death)	Lerebon	the death. Do not on the line.  L J J J J J J J J J J J J J J J J J J	lar 1	of dying, such as	cardiac or respi	ratory arrest,	Approximate interval Betwee Onset and Deat		
Sequentially list condition of any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
PART ii. Other significant	t conditions contributing to deeth bu	t not resulting in t	ne underlying ca	use given in Part	24e, WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL:	o	THER:	OF DEATM (Check on					
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pe	1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY WORK?		Other (Specify) DESCRIBE HOW II	NJURY OCCURED			
2 Accident Im	vestigation ould not be building, etc. (Specification)	— At home, farm, stree y)		2 NO 28f.	LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
000)	FYING PHYSICIAN: To the best of my knowle						(s) and manner as stated.		
296. SIGNATURE AND YOLK O	OF CENTIFIER		7	0 95 2	c 1	_	D (Month, Day, New)		
31. DATE FILED (Month, Day, Ye	The Art of the second		n)	3		0	1		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	ECIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	OIMIE OF I	Ci	ERTIF	ICATE	OF DEA	TH	REG. NO			
ĺ	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF	DEATH
1	PATRICIA	GROSS						January	January 11,1995		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las				T	7. DATE OF BIRTN		BIRTHPLACE (Stets Country)	or Foreign
	212-44-8759	1 M 2 X F	50	YRS.	MONTHS D.	HOURS	MIN.	8 (Maritin Day, 14691)		MD.	
_	9e. FACILITY NAME (If not institution, give s				WN OR LOCA			9c. COUNTY			
6	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY										
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWH OR L	DCATION				10d. INSIDE	CITY
DIRECTOR	MD.			1	LTIM		D			LIMITS	?
	10e. STREET AND NUMBER		DI	THEFT	101. ZIP CO			10g. CITIZEN	OF WHAT COUNT		
ER	618 NORTH STR	EEPER				21	205		US		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AE	BMED	13. WAS	DECENDENT	OF HISPA	NIC ORIGIN? (Specify Yes	a or No- 14.	RACE — American	Indien,
BYF	1 Never Married 2 Merried  3 Widowed 4 Divorced	IF YES, GIVE V		NO		e, specify Cub YES 2 X NO		en, Puerlo Rican, atc.) ly:		Black, While, etc. Specify:	
					1	21				BLACK	
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G		WORK done during		ing	16b. KIND OF BU	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12) UNKNOWN	UNKNOV	+)		EEPER						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	ONKNOV	A TA   12	OOKI	JUL DIC	16. MO	THER'S NA	AME (First, Middle, Malden	Sumama)		
Ö	SYLVESTER HAM	I.TN						ILLA DAVI			
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St			Route Number, City or Tow	_	de)	
2	YVONNE HARRIS		4	405	BELL	E AVE	. BA	ALTIMORE	MD. 2	1207	
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 Donalion 5 Other (Specify)		CEDA	R H	Li Li			1-17 58	329 RI	TCHIE 1	HWY.
	21. SHINATURE OF FUNERAL SERVICE LIC	ENSER	, ,	1 1	22. NAR	E AND ADDR	ESS OF FA	CILITY			
	Musi	(1/1)	MINE	1	_	2 4 D D O	T T 1	F/H 1712	LI MOD	ידינו א זיזיבי	
	23. PART i. Enter the diseases, or o	omplications the	t caused the de	eth. Do	not enter the	mode of d	ying, suc	th as cerdiac or resp	iratory arrest	, Appro	ximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cat	ise on each line	<b>)</b> .							al Between
	disease or condition resulting in death)  a.   MECHONIA   1 WEEK										
1											
N	Sequentially list conditions, Due to (or As A consequence of):  Sequentially list conditions, Due to (or As A consequence of):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	QUENCE O	F):						
E E	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):						
E	resulting in death) LAST	41								!	- 1
뜅	DART II On a station of a little of a state of the state										
DICAL	PART if. Other algnificant condition	a contributing to	death but not r	reauiting	in the under	iying cause	given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOP AVAILABLE P	RIOR TO
ă								t YES 2	DINO	OF DEATH?	OF CAUSE
Σ	DID TODA COO LICE CONT	VIDUATE TO CA	LICE OF DEA							t 🗌 YES 2	□ NO
PHYSICIAN: MEI	DID TOBACCO USE CONTI	KIBUIE 10 CA			IN (Check only		CERTAI	NIN			
22	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:						
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		INJURY AT	leeldenca	6 Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCUR	FD	
	1 Natural 5 Pending	(Month, D	lay, Year)		URY	WORK?	□ NO				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	street, factory,	office		28f. LOCATION (Street )	and Number or F	Bural Route Number,	
COMPLETED	4 Homicide determined	bullaing,	etc. (Specify)					City or Town, State)			
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, da	ath occum	d at the time.	data and plac	e end due	to the cause(s) and mar	oner en stated		
<u> </u>	one) 2 MEDICAL EXAMINE									use(s) end manner	es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	N.				29c. LIC	ENSE NU	WBER	29d, DATE SI	GNED (Month Dev	Mar)
H		dro.					ENSE NUI		29d. DATE SI	GNED (Month, Day,	Year)
		to	SE OF DEATH (ITE	M 27) (Type,	Print)		1479	79	▶ 1/1	GNED (Month, Day,	Near)
H	39. SADNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	to	SE OF DEATH (ITE)	M 27) (Type,	Print) T, Ba		1479	79	▶ 1/1	GNED (Month, Day,	Year)
H	30. NAME AND ADDRESS OF PURSON WHO  JAVE SUG  31. DATE FILED (Month, Day, Year)	COMPLETED CAUS	R'S SIGNATURE	M 27) (Type,	Print) T, Ba		1479		▶ 1/1	GNED (Month, Day,	Year)



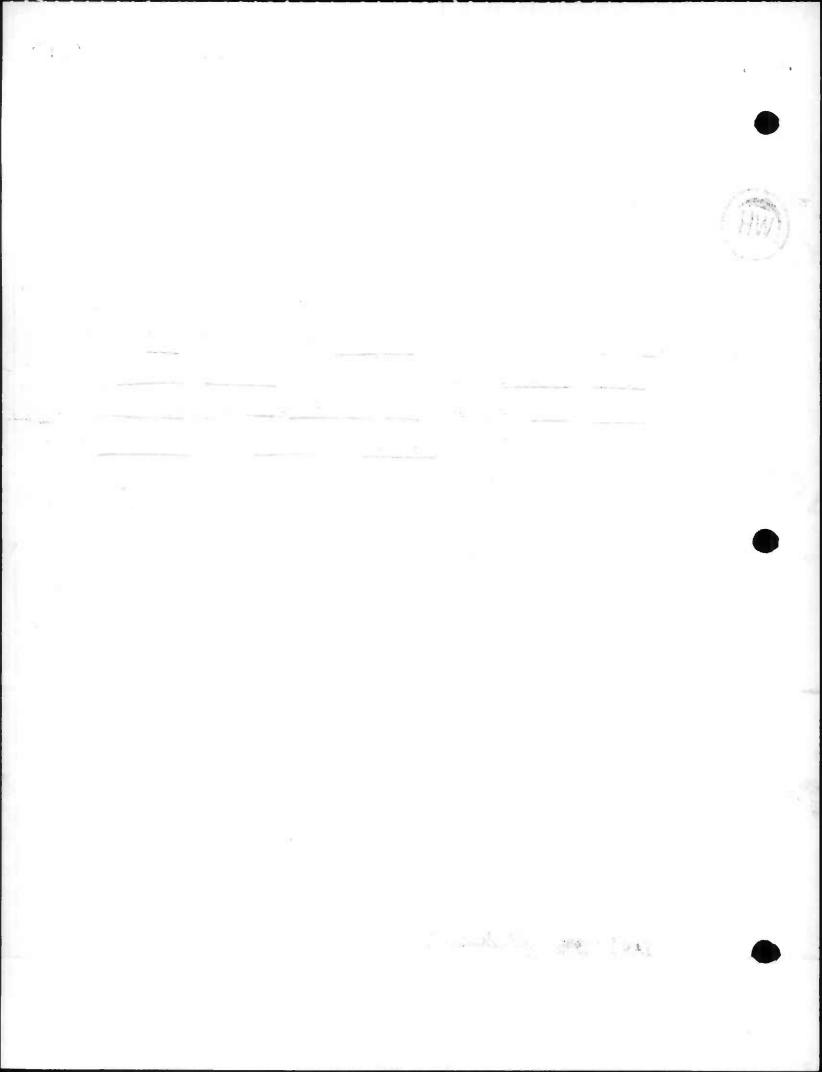
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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician	the funeral director, page 5 should be detached for use as the burial-transfer
BA	ter de	the fu

DIVISION OF VITAL RECORDS, P.O. BOX 687604

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

į			CERTIFIC			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH		3. TIME OF DEATH	
I.	John, Hay	دي			Jan	MOUNU 11	1995	8:25	
	4. SOCIAL SECURITY NUMBER				ER 24 HRS. 7. DATE	OF BIRTM	S. BIRTH	PLACE (State or Fore	
	219-07-5185	1 M 2 G F	80 YRS.	ONTHS DAYS HOURS	MIN. (Mon	29/14	MAT	RYLAND	
	9e. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCAT	TION OF DEATH	9c.	COUNTY OF D		
DIRECTOR	Mercy Medical Center - 3015 Pawist Battimore, Manyland Baltimore								
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION									
<u> </u>		athmore		Hmore,	Manilan	d	Į.	10d. INSIDE CITY LIMITS? 1 YES 2 N	
	10e. STREET AND NUMBER	GIII.	ا کارا	101, ZIP COI			CITIZEN OF W	VHAT COUNTRY?	
FUNERAL	319 Loraine S	tree+			2/8		USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS DECENDENT	OF HISPANIC ORIGI	N? (Specify Yes or N		- American Indian	
	1 Never Merried 2 Married	FORCES? 1 X XES	E 2 □NO DATES	If yes, specify Cub	oan, Mexicen, Puerto  Specify:	Rican, etc.)	Black Specifi	c, White, etc.	
ž L	3 Wildowed 4 Divorced	1					9,000	BLACK	
	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S US		166	Local 1	S/INDUSTRY		
<b>"</b> "	Elementary/9 ndary (0-12)	College (t-4 or 5+)	Genera SECUR	1 Laborer	0	n/	<b>a</b>		
COMPLETED		-	- SECON						
	17. FATHER'S NAME (First, Middle, Last)	Randolph Ha	yes	16. MO	THER'S NAME (First,	Middle, Meiden Surna	NDY Ma	rgaret C	
ᆲㅏ	19e. INFORMANT'S NAME (Type/Print)	(PER							
임	HELENA CAP	Hulia Hayes	19b. MAILING AD	DRADHURS	Lorrai	ne Ave B	altimor	re, MD. 2	
-  -	20a, METHOD OF DISPOSITION		1000						
- 11	t Ruriel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	Western St	ar Cemetro	NAL 1-	1 20c. LOCATIO	TIMOR	ensville E, MD	
- ⊪	21. SIGHATUSE OF FUNERAL SERVICE LI		BALLETON	22. NAME AND ADDR		11 -0111	TENOM	2/ 110	
- 1		cant 1	/						
_	23. PART I. Enfer 1996 diseases, or	WYX	Mes		MARCH			NORTH	
NOI	Sequentially list conditions,	b. Chronic	A CONSEQUENCE OF):  Lung disc A CONSEQUENCE OF):	ase				ġ	
AT	if any, leeding to immediate cause. Enter UNDERLYING							i	
	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):		44				
<b>—</b> II	resulting in deeth) LAST							1	
E	resulting in deelin LAST	4						j	
CERTIFICATION		d							
	PART II. Other significant condition	ns contributing to death i	but not reculting in t	the underlying ceuse	given in Pert i.	24e. WAS AN AUTO PERFORMED		WERE AUTOPSY FIND AMAILABLE PRIOR TO	
DICAL		dns contributing to death	but not resulting in t	the underlying ceuse	given in Pert i.		/		
MEDICAL	PART II. Other significant condition					PERFORMED	10	AVAILABLE PRIOR TO COMPLETION OF CAL	
MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT		OF DEATH YES	□ NO □ UN		PERFORMED	10	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE (	OF DEATH YES 26. PLACE OF DEATH (	□ NO □ UN		PERFORMED	10	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	FRIBUTE TO CAUSE (	OF DEATH YES  28. PLACE OF DEATH ( tpetient 3 □ DOA 4	Ocheck only one)  THER:  Nursing Home 5   R	CERTAIN   Residence 8 Other	PERFORMED  1 YES 2 A	310	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
PHYSICIAN: MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH Neturel 5 Pending	RIBUTE TO CAUSE (	OF DEATH YES	NO	CERTAIN  Residence 8 Other	PERFORMED	310	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident Investigation	RIBUTE TO CAUSE (  HOSPITAL: 1   Inpatient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)	OF DEATH YES  28. PLACE OF DEATH ( tpetlent 3 DOA 4  28b. TIME O INJURY	Check only one)  ITHER: Nursing Home 5   R  WORK? M 1   YES 2	CERTAIN  Residence 8 Other 28d. OE	PERFORMED  1 YES 2 A	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	RIBUTE TO CAUSE (  HOSPITAL: 1   Inpatient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)	26. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME 0  INJURY  At home, farm, street	Check only one)  ITHER: Nursing Home 5   R  WORK? M 1   YES 2	CERTAIN DRasidence 8 Other 28d. OE	PERFORMED  1 YES 2 A	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation 3 Sulcide Could not be 4 Homicide determined	HOSPITAL: 1   inpatient 2   ER/Out  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJUR building, stc. (Spe	OF DEATH YES  28. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME 0 INJURY  At home, farm, street	NO UN(   Check only one)   THER:   Nursing Home 5   R   Y   28c. INJURY AT   WORK?   1 YES 2     et, tectory, office	CERTAIN Date of the series of	PERFORMED  1 YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES  TO YES 2 PARTIES  PERFORMED  TO YES 2 PARTIES	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 Sulcide 4 Homicide  290. CERTIFIER (Check only  1 CERTIFYING PHYS	FRIBUTE TO CAUSE C  HOSPITAL: 1   Inpetient 2   ER/Out  28s. DATE OF INJURY (Month. Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	OF DEATH YES  26. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME 0 INJURY  Y — At home, farm, streedily)	NO	CERTAIN Basidence 8 Other 28d. OE City  28d. LOC City  a, end due to the ca	PERFORMED  1 YES 2 PA  Per (Specify)  SCRIBE HOW INJUR  CATION (Street and N  or Town, State)	Y OCCURED  umber or Rural R	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  t YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	TRIBUTE TO CAUSE C  HOSPITAL: 1   Inpatient 2   ER/Out  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, stc. (Spe	OF DEATH YES  26. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME 0 INJURY  Y — At home, farm, streedily)	NO	CERTAIN Basidence 8 Other 28d. OE City  28d. LOC City  a, end due to the ca	PERFORMED  1 YES 2 PA  Per (Specify)  SCRIBE HOW INJUR  CATION (Street and N  or Town, State)	Y OCCURED  umber or Rural R	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  t YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 Sulcide 4 Homicide  290. CERTIFIER (Check only  1 CERTIFYING PHYS	TRIBUTE TO CAUSE C  HOSPITAL: 1   Inpatient 2   ER/Out  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, stc. (Spe	28b. TIME 0 INJURY At home, farm, streedily)	Check only one)  ITHER: Nursing Home 5 R  Y M 28c. INJURY AT WORK? 1 YES 2 et, tectory, office  at the time, date end piec	CERTAIN Basidence 8 Other 28d. OE City  28d. LOC City  a, end due to the ca	PERFORMED  1 YES 2 PA  Per (Specify)  SCRIBE HOW INJUR  ATION (Street and N or Town, State)  use(e) and manner a a and place, and due	y occured  with the cause(e)  DATE SIGNED	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  t YES 2 NO loute Number,	
O BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH   Natural   5   Pending Investigation   3   Suicide   6   Could not be detarmined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION    29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION    20c. CERTIFIER   Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION   COMMISSION    20c. CERTIFIER   Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   Check only one)   2   CERTIFIER   Check only one)   2	PRIBUTE TO CAUSE OF THE PRIMARY (Month, Day, Year)  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	DF DEATH YES  28. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME O  INJURY  At home, farm, streegelly)  wiedge, death occurred a on and/or investigation, in	NO UN(   Check only one)   THER:   Nursing Home 5   R   Press   R   WORK?   1 YES 2     et, tectory, office     at the time, date end piec     in my opinion, death occur	CERTAIN DREAM 28d. OE	PERFORMED  1 YES 2 PA  PERFORMED  TO YES 2 PA  PERFORM	y occured  umber or Rural R  e stated.  to the cause(e)  Lanua	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  t YES 2 NO	
O BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Accident   Investigation   2   Accident   Investigation   3   Suicide   Could not be determined   4   Homicide   CERTIFYING PHYS ONE)  29b. SIGNATURE AND TITLE OF CERTIFIE	PRIBUTE TO CAUSE OF THE PRIMARY (Month, Day, Year)  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	DF DEATH YES  28. PLACE OF DEATH ( tpatient 3 DOA 4  28b. TIME O  INJURY  At home, farm, streegelly)  wiedge, death occurred a on and/or investigation, in	NO UN(   Check only one)   THER:   Nursing Home 5   R   Press   R   WORK?   1 YES 2     et, tectory, office     at the time, date end piec     in my opinion, death occur	CERTAIN DREAM 28d. OE	PERFORMED  1 YES 2 PA  PERFORMED  TO YES 2 PA  PERFORM	y occured  umber or Rural R  e stated.  to the cause(e)  Lanua	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  t YES 2 NO loute Number,	
O BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH   Natural   5   Pending Investigation   3   Suicide   6   Could not be detarmined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION    29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION    20c. CERTIFIER   Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   COMMISSION   COMMISSION   COMMISSION    20c. CERTIFIER   Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  LLAA   Check only one)   2   CERTIFIER   Check only one)   2	TRIBUTE TO CAUSE (  HOSPITAL: 1   Inpatient 2   ER/Out  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	DF DEATH YES  28. PLACE OF DEATH (  tpetient 3 DOA 4    28b. TIME OF INJURY  At home, farm, streed a con and/or investigation, is  EATH (ITEM 27) (Type, Prince 27) (Type, Prince 27)    30 / St. Pa	NO UN(   Check only one)   THER:   Nursing Home 5   R   Press   R   WORK?   1 YES 2     et, tectory, office     at the time, date end piec     in my opinion, death occur	CERTAIN DREAM 28d. OE	PERFORMED  1 YES 2 PA  PERFORMED  TO YES 2 PA  PERFORM	y occured  umber or Rural R  e stated.  to the cause(e)  Lanua	AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  t YES 2 NO loute Number,	

OHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENE REG. NO.				
	11-22		HASTI	N6-5		2. DATE OF DEATH DAY DAY DAY ANU ARY	10,1995	3. TIME OF DEATH		
		1 □ M 2 💢 F 81	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct.6,1913	Kan:	sas		
TOR	Fallston General F			Fall	STON	EATH 94	Harfoi			
DIRECTOR		imore		10c. CITY, TOWN OR LOCATION Kingsville						
NERAL		7714 Buckhill Road			21087		U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3. Wildowed 4 Divorced	lever Merried 2 Merried FORCES? 1 YES 2 XI				NC ORIGIN? (Specify Yes or I in, Puerto Rican, etc.) y:	No- 14. RACE Black, Specify Whit			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)					166. KIND OF BUSINE				
BE COMI	17. FATHER'S NAME (First, Middle, Lest) Otto V. Rethemeyer		Secreta	ı y		ME (First, Middle, Maiden Surn Baretto				
TO B	190. INFORMANT'S NAME (Type/Print) Horace Hastings			DDRESS (Street at UCKhill		Route Number, City or Town, St Kingsville , N	Md.21087			
	20b. PLACE AND DATE OF DISPOSITION   DATE   1X Burlel 2   Cremetion 3   Ramoval from State   4   Donetion 5   Other (Specify)   DATE   6 ardens of Fall Jan. 13,1995   Baltimore, Md.  21. SIGNATURE OF FUNERAL SERVICE LIGHT EE									
	E. 7. X	essalx	)	E. F. 11750	Lassahr Belair	Funeral Hor Road Kings	sville.	Md.21087		
	23. PART I. Enter the diseases, or co- ehock, or heert feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that caused to st only one cause on esc	hilne.	enter the mod	e e e	h as cardiec or respirato	ry arrest,	Approximate Interval Between Onset and Beath		
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OH AS A C		rlli	y cli	stare		Squerg		
PHYSICIAN: MEDICAL C		ulla				PERFORMED	NO N	WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	DID TOBACCO USE CONTRI  28. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 YES 2 NO		PLACE OF DEATH	Check only one) THER:	-/			J.:		
	27 MANNER OF DEATH Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26h. TIME C	Y 28c INJU	RY AT	6 ☐ Other (Specify) 29d. DESCRIBE HOW INJUI	IV OCCURED			
TED BY	Accident Investigation	8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or building, etc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER	AN: To the best of my knowled On the basis of examination a	ige, death occurred a	it the time, data i	and place, and due ath occured at the	to the cause(a) and manner time, data and place, and du	es stated, is to the cause(s)	and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER  30. NAME AND ADDRESS OF PERSON WHO	freeli	MITTEN OF CO.	(me)	COS 3	290	d. DATE SIGNED	Month, Day, Year) and 10 1991		
	CONA PUEL  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	NEL	Theel	Noor	Belle	MAZ	21015		
	IAN 17 1995 Ju	bi Studior Rank								

BALTIMORE, MARYLAND 21215-0020

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DIVISION	STATES OF PARTIES
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 8 may be retained by the hospital or attending physician.

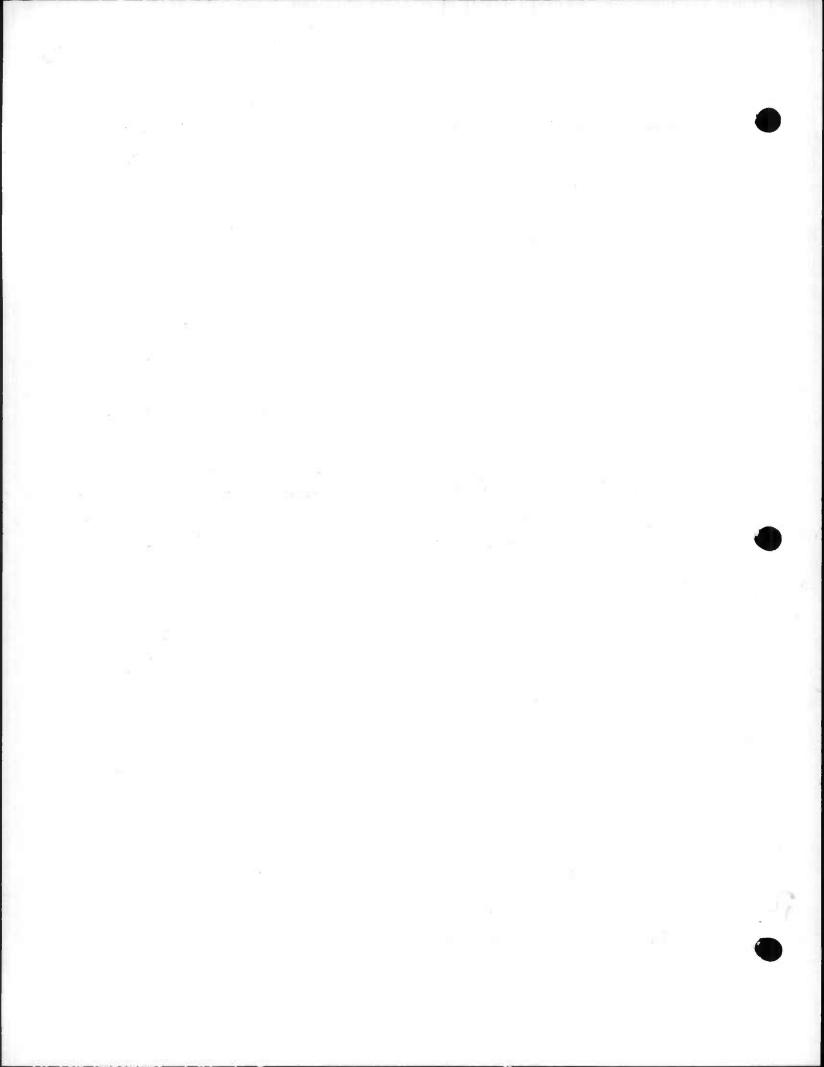
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fine tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH													
	ELROY ERIC DOMINIC HARRISON										AN. 7	1995 M		
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. D/	ATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	212-56-4167	56-4167   ¹፟X M 2 □ F			YRS.	MONTHS	DAYS	HOURS	MIN.		(Month, Day, Year) DEC. 7, 1950 MARYLA			
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY	r, TOWN (	OR LOCATION	ON OF DE					
RO	15 BARDIA	COURT					21	237	(BA	LTI	MORE)			
DIRECTOR	RESIDENCE OF DECEDENT													
2	10e. STATE 10b. COUNTY				10c. CIT	Y, TOWN		tion LTIM(	י שמר	Стт	v			10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER						OIL				N☐ YES 2 ☐ NO			
R							10	1. ZIP CODE		2.7		10g. CIT		VHAT COUNTRY?
FUNERAL	15 BARDIA COURT  11. MARITAL STATUS SINGLE 12. WAS DECEDENT EVER IN U.S. AF								212				USA	4.
	1 Never Married 2	LNGLE Merried	FORCES? 1	YES 2X	NO NO	- 1	If yes, sp	ecify Cuba	n, Mexica	in, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No-	14. RACE Black	- American Indian, c, White, stc.
À	3 Widowed 4 Divo	rced	IF YES, DIVE V	AR OR DATES			1 TYES	2. NO	Spec# <sub>j</sub>	y:			Speci 10.T	wy: ACK
0	15. DEC	EDENT'S EDUC	CATION	16e. D8	ECEDENT'S	USUAL O	CCUPATION	ON		Т	16b. KIND OF BUS	INESS/IN	-	ACK
<u> </u>	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	(G	live kind of v b. Do NOT us	work done	during mo	ost of working	ng .					
릴				´	UN	EMPL	OYED	)						
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHER'S NAME (First, Middle, Melden Surname)							
BE	NATHANIEL		R.	HA	RRIS	NC		L	ESLI	E			WI	LSON
TO B	19e. INFORMANT'S NAME (Type/Print)				b. MAILING	ADDRESS	S (Street e	and Number	or Rural F	Route N	lumber, City or Town	, State, Zij	o Code)	
F	LESLIE		ARRISON		721	NORT	H FF	REMON	T AV	ENU	JE, BALT	IMOR	E, M	D. 21217
	20a. METHOD OF DISPOSITI	ION	oval from State	20b. PLACE . cemetery, cre				me of		D	ATE 20c. LOC	CATION -	City or To	wn, State
	4 Donation 6 Other	(Specify)		- ARBUTI		EMET				1+1	1-95 A	RBUT	US,	MARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	2 0	1			NO ADDRES				EDAT	HOM	E D A
	JAA	14	1).1	USU,							JR. FUN			E, MD. 21223
	23. PART i. Enter the di	seases, or c	omplications tha	t coused the de	ath. Do n	ot entar	the mo	de of dyl	ng, suci	h aa c	ardiac or reapir	atory ar	reat,	Approximata
H	IMMEDIATE CAUSE (Fin		List only one cau						DI.					Interval Between Onset and Death
ı	disease or condition resulting in death)  a. Wasting Syndrome Zmos  Due to (or as a consequence of):													
	DUE TO (OR AS A CONSEQUENCE OF):													
z I	- A11><													
일	Sequentially list conditi if any, leading to immed	diate	DUE TO	OR AS A CONSE	DUENCE OF	):								
CERTIFICATION	cause. Enter UNDERLYi CAUSE (Disease Dr inju													
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE DE	):								
5	Today in addition and		J											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS													
MEDICAL	Subdu	ral	hemat	ma. C.	MV	Rpt	bai	tis	,		PERFORM 1 TYES 2		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Kapo	515	arcon					_			I L TES 2	e Jaio		OF DEATH?  1 YES 2 ND
	DID TOBACCO U				TH YE	SΠI	NO F	UNC	FRTAIN	VП				T TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?				E DF DEAT									
is I	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Re	sidence	6 🗆 0	ther (Specify)			
ξI	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY N. Yearl	26b. TIME	OF I	26c. INJ				DESCRIBE HOW IN	JURY OC	CURED	
		Pending Investigation	(month, b	-7, 104.7	1	M		YES 2	ND					
ا ۵	3 Suicide 6	Could not be	26e. PLACE D building.	F INJURY — At ho	me, farm, s	treet, fect	ory, office	•		281. L	OCATION (Street ar	nd Number	or Rural A	oute Number,
	4 Homicide	determined									nty or lown, oteley			
2	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the ti	lme, date	end place,	end due	to the	cause(s) end mann	ver as stat	ted.	
COMPLET														end manner as stated.
	296. BIGHATERE AND TITLE	£	/					20c. LICE						(Month, Day, Year)
BE	841/5/	11. V	MD					1	28	3	98	<b>&gt;</b> /	/10	195
۱ ۹	30. HAME AND ADDRESS OF	PENSON WHO	COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре,	Print)		-	2.0		,		1	1
ļ	/Joe/	3. (	allan	MP	, 600	) N.	Wi	olfe	St	a	irnegie	595	, Ba	HO21282
	JAN 7 199		22. REGISTRA	R'S SIGNATURE							0			



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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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or attending physician.	or use as the burial-transit permit. Pages 1, 2, 3 should	
be executed within Z4 hours after death. Page 6 may be retained by the hospital	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, where ends to burial cremation, or removal	aumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIANS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be flied within 72 hours after death with the State Deor, of Health and Mental Horiene prior to buria	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitliged at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

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1 - STA			STATE OF I	MARYL				NT OF H			MENTAL	HYGIEN REG. NO.	_		
1. DECED	ENT'S NAME (First,	_		( m 0		1		-			2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
		15RAZ	L H								0		5	95	635 P M
010-	07-694	9	5. SEX	(m yra. raat amtriday)			IF UNI	DER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) May 1,1900			Country	PLACE (State or Foreign () USSIA
	ITY NAME (If not ins		100				9b. C	ITY, TOWN	R LOCATI	ON OF D	EATH		9c. CO	UNTY OF DE	EATH
Subu	rban Ho	ospit	al				Ве	thes	da_				Mo	ntgo	mery
10m. STAT		10b. COUNT				10c. CIT	Y, TOW	N OR LOCAT	ION	10.00	e le-			T	10d. INSIDE CITY
Mary	land	Mon	tgomery	7		Ro	ock	vill	e						LIMITS?
10e. STRE	ET AND NUMBER							101	. ZIP CODI				10g. CI1	TIZEN OF W	HAT COUNTRY?
611	1 Mont	rose	Road						20852				U.S.A.		
1 New	11. MARITAL STATUS  1 Never Merried 2 Married  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N VES 2 NO IF YES, GIVE WAR OR DATES  WWI.					If yee, specify Cuban, Mexicen, Puerto Ricen, etc.)  Black, White, at									
		EDENT'S EDU highest grade			(Gi	ve kind of v	USUAL OCCUPATION vork done during most of working 16b. KIND OF BUSI			SINESS/IN	DUSTRY				
Eleme	ntary/Secondary (0-	-12)	College (1-4 or 5	+)		les	rse retired.)			ran	rance				
17. FATHE	R'S NAME (First, Mi	ddle, Last)							18. MOTI	IER'S NA	AME (First, M	liddle, Maiden			
Isa	dor He	rman							Anr	na (	Jnkno	own			
Jack	N. Hel	rman			2 2	5. MAILING	WO 1	ess (Street a	nd Number	or Rural	Route Numb Blvd	er, City or Town	n, State, Zi st#5	o, codeCl	earwater, 34623
1 V Burk	10D OF DISPOSITION 2 Comments of Comments	n 3 🗆 Rem	oval from State	cem	egery, crei	IND DATE OF THE INDICATE OF TH	ther plac	osition (Na		ery	1-8			gton	
	TURBJOF FUNERAL	D.	Will				I	alls	Pear Chu	sor irch	n Fur	neral	Ho:	mes	
	T I. Enter the dis shock, or he ATE CAUSE (Fin	ert fellure.	complications the Liet only one cau	t caused ise on e	the de	eth. Do r	not ent	ter the mo	de of dyl	ng, suc	ch ss card	lec or respi	ratory ar	rrest,	Approximate interval Between Onset and Death
diseese	or condition in deeth)	<b>+</b>	s	Cor	900	RY	Aci	toy	019	304	se_				3 months
1			DUE TO	(OR AS A	CONSEC	DUENCE OF	F):								

Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):		3 months
cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	cDUE TO (OR AS A CONSEQUENCE OF): dd.		
	tions contributing to desth but not resulting in the underlying cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
	NTRIBUTE TO CAUSE OF DEATH YES \( \simega \) NO \( \sigma \) UNCERTAIN \( \sigma \)		18.22.0.00
25. WAS CASE REFERRED TO MEDICA	28 PLACE OF DEATH (Check only one)		

HOSPITAL:
1 Vinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO Home 5 - Rasidence 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK?

1 Natural t YES 2 NO 2 Acctdent
3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

28t. LOCATION (Street end Number or Rural Floute Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner es stated. 2 \_\_\_ MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end manner se stated.

29c. LICENSE NUMBER

296. SIGNATURE AND TITLE OF CERTIFIER two. Bec

044157

> Jamery 5, 1995

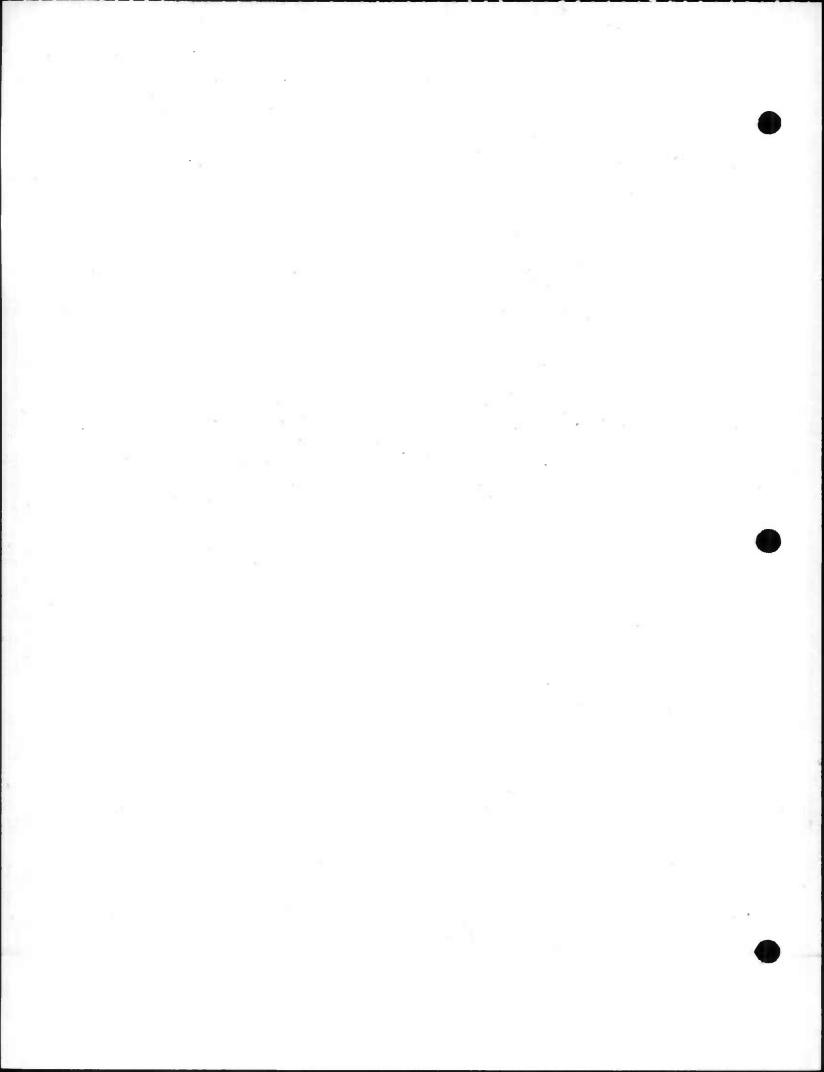
29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TRA BERGER M.D. 809 VEIRS mill ROAD, ROCKVILLE, MAY AND 20851

31. DATE FILED (Month, Day, Year, IAN 17 1995





3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

E. NORTH AVE

Approximate

interval Betwe

IWK

2 cu Ks

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

**Onset and Death** 

1 XYES 2 NO

STATES

BLACK

147

8. BIRTHPLACE (State or Foreign

MARYLAND

n/a

UNITED

Specify:

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

use as the burial-transit

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in by the funeral director, page 5 should be detached

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FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

27. MANNER OF DEATH

1 Natural

2 Accident

4 Nomicide

3 Suicide

	5	.5	2	
	2	8	0	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	OR	DIR	NOT	ten
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	H	ER	9	=
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	H	E F	P	E
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	2	2	8	*

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RICHARD HARPER J 4. SOCIAL SECURITY NUMBER 5. SEX 6, AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 219-12-8612 73 YRS. DAYS 1 M 2 - F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH CITY HOSPITAL BALTIMORE SAMARITAN GOOD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION ARYLAND n/a BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 806 BRADHIRST ROAD 21212 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 12. YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES ANO Specify 3 Nedowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5 SECCURITY n/a TH17. FATNER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT HARPER CECELIA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) HELENA CARR 806 BRADHURST ROAD, BALTIMORE, MD 20a, METHOD OF DISPOSITION
1 [ABurial 2 ] Cremetion 3 ] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donetion 5 Other (Specify) BALTIMORE NATIONAL CEM **+17** BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C.MARCHFH.-1101 23. PART I. Enter the die eases, or complications that can sed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dyneart failure. List only Dne cause on each line. IMMEDIATE CAUSE (Final disease or condition pheumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): influen 2a Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? accident Cerebrovascular 1 - YES 2 X NO Diabetes tos DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: EXAMINER? OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify)

29a. CERTIFIER 1 K CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

26a. PLACE OF INJURY — At home, lerm, street, factory, offica building, etc. (Specify)

26b. TIME OF

29b. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2 NO

NO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Poult 10 N. Janas

26a. DATE OF INJURY (Month, Day, Year)

D4G190 1-14-95 Balthoure VAR Green SY. By Hivere 2120

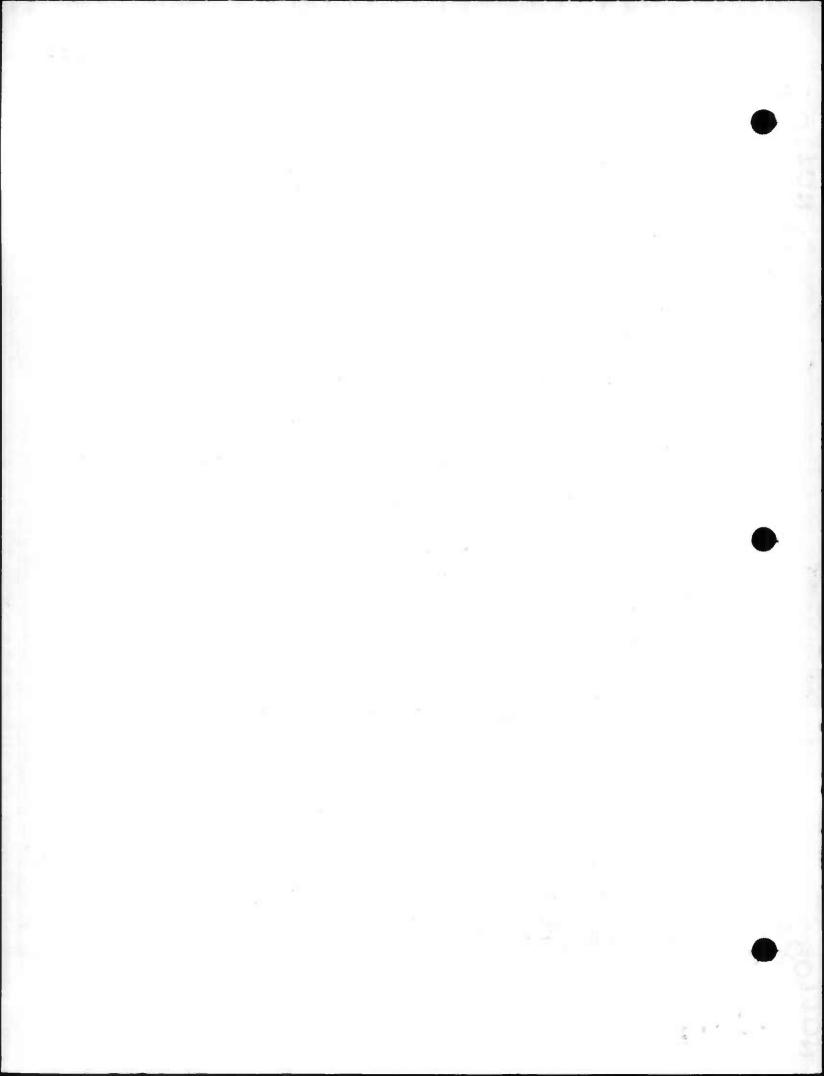
26d, DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THE PROPERTY AND DEPTH JAN 1 7 1995

8 Could not be

determined



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

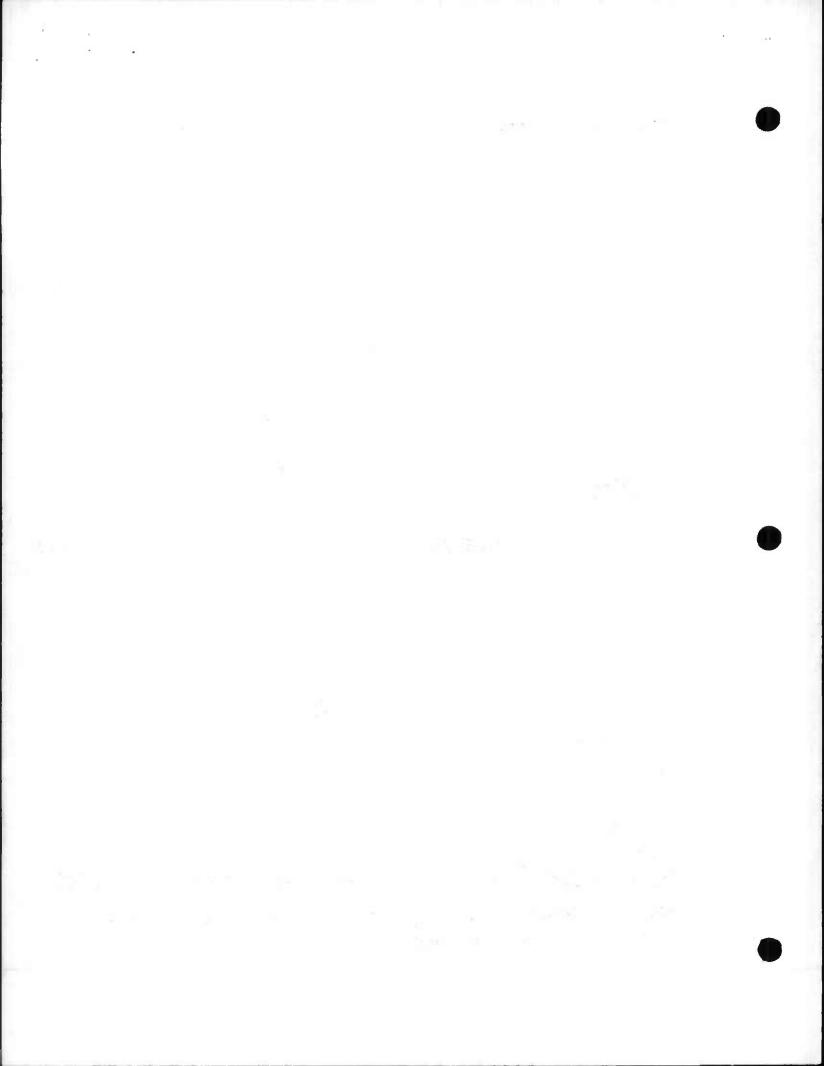
3 1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH										. TIME OF DEATN				
	Andrew J. Hilbinger  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In vir. lest t									Jan- 8-1995			8:15 A M		
			5. SEX	6. AGE (In yr	rs. last birthday)	# UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPL Country)	ACE (State or Foreign		
	212-16-89		1 M 2 F	82	YRS.	AL OUTY	70101	20100471			6,19		Maryland		
<u>a</u>	9a. FACILITY NAME (If not institution, give street and number)							OR LOCATI		ATN	9c. COUN	ITY OF DEA	TN		
1 8	Global Health Care Ctr. Overlea												_		
DIRECTOR	10a. STATE 10b. COUNTY Md					Y, TOWN O						1	0d. INSIDE CITY LIMITS?		
		Da	ltim	ore	2				1	YES 2 NO					
₹ X	10e. STREET AND NUMBER			10	t. ZIP COD			ZEN OF WH	AT COUNTRY?						
FUNERAL	5422 Bela			Las			206			S.A.					
	1 Never Married 2 Married FORCES? 1 Types				2 NO If yes, specify Cuban, Maxica					n, Puarto Rican, atc.)	e or No-	Black, 1	- American Indian, White, atc.		
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES						YES	2 X NO	Specify	<i>r</i> :		Wh:	ite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			164	a. DECEDENT'S	work done a	CUPATIO	ON ast of working	20	16b. KIND OF BU	SINESS/IND	USTRY			
	Elementary/Secondary (		College (1-4 or 5	+)	ille. Do NOT u	se retired.)									
MP	7 yrs				Labo	r									
_	17. FATNER'S NAME (Flost, Middle, Last) Andrew John Hilbinger									ME (First, Middle, Maide					
BE	19a. INFORMANT'S NAME (1		HIIDING	jer	1 405 MAN IN	4000500	(0)			erine Gu					
5			r							Route Number, City or To			and 21206		
	Kay Hilbinger 5422 Belair  20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of								u . , .		CATION -				
		1 Burdel 2 TV Commettee 2 Demonstrate State											Beltsville, Md.		
	21 SIGNATURE OF FUNERAL SERVICE LIFENORE														
	Edison M. Perkins Bradley-Ashton Funeral Home, Inc.														
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate														
RTIFICATION	ahock, or heart failure. List only one ceuse on each fine.  IMMEDIATE CAUSE (Fine) disease or condition reauting in death)  DUE TO (OR AS A CONSEGUENCE OF):  DUE TO (OR AS A CONSEGUENCE OF):  DUE TO (OR AS A CONSEGUENCE OF):  DUE TO (OR AS A CONSEGUENCE OF):														
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST  C.  DUE TO (OR AS A CONSEQUENCE OF):  d.														
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cau  Dialetes nellique, COPD, Cere hrovasc						/	1	Part I. 24a. WAS AI PERFO	RMED?	A C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
											YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	mt 3 🗆 DOA	OTHER	:			8 Other (Specify)					
H	27. MANNER OF DEATN	97	28a. DATE OF	INJURY	28b. TII	E OF	28c. INJ	JURY AT	Islasiics	28d. DESCRIBE NOW	INJURY OCC	CURED	15		
ВУ Р		Pending investigation	(Month, E	-y. idar)	IN	JURY		YES 2	ON [						
ETED B	2 Deutstes	Could not be determined	28e. PLACE C building,	of INJURY — i atc. (Specify)	At home, ferm,	street, fact	ery, offic	ia .		281. LOCATION (Street City or Town, State		or Rural Rou	ite Number,		
COMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
O BE C	296. SIGNATURE AND TITLE	tonte	fr. M.	8,				29c. LICI	224	ABER	29d, DATE	SIGNED (N	Aonth, Day, Year)		
	30. NAME AND ADDRESS O	onso	NO COMPLETED CAU	. 746	01 05	Gr 2	)/	Sur	e.	201 Tou	Ish	Ma	11204		
	JAN 17 199		32. REGISTRA	ravall	AM										

ital or attending physician. BALTIMORE, MARYLAND 21215-0020

for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	HERMAN	HOLENW				JAN 12	99				
	4. SOCIAL SECURITY NUMBER 387-03-3163	5. SEX 6. AGE (	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	IRTHPLACE (State or Foreign ountry)				
	9a. FACILITY NAME (If not institution, give	72	11100	9b. CITY, TOWN O	OR LOCATION OF DE	Jan 8, 190	9c, COUNTY	Switzerland			
OR	Sinai Hospital			Baltime	ore City			more City			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Υ	10c. C/1	Y, TOWN OR LOCAT				10d. INSIDE CITY			
	Ohio Cuyal	hoga	C	leveland				LIMITS? t ☐ YES 2 ☑ NO			
RAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	31220 Lake Rd.	12. WAS DECEDENT EVER II	MIIS ADMED	10 400 050	44140		USA				
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
D BY	3 Widowed 4 Divorced							White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	18a. DECEDENT'S (Give kind of ille. Do NOT u	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTF	W			
APL	12 years	College (1-4 or 5+)	Machir	nist		Harley-I	Davidso	n Corp.			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Maiden					
BE	Johannes Holenweg	5			Maria	Rothlisbe		V III			
9	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town					
	Mrs. Rosemarie Di			illage (		Albuquero					
	1 Buriel 2 1 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State cam	setery crematory or a	ther place)		1-16 Ham	CATION — City of				
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	TIOIT OI	22. NAME AN	O ADDRESS OF FAC	CILITY					
	> John K	- And	1	Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 2							
	23. PART I. Enter the diseases, or	complications that caused	the death. Do i	not anter the mo	de of dying, such	d. Kandall	ratory arrest.	MD 21133 Approximata			
	immediate cause (Final	List only one cause on a	ech lina.					Interval Between Onset and Death			
	disease or condition resulting in desth)	PNEU	MONIF	1				2 /2 w/4			
_	_	DUE TO (OR AS A	CONSEQUENCE O	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE O	F):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
	2427 11 20 11 11	d									
MEDICAL	PART II. Other significant condition	a contributing to death b	ut not resulting	in the underlying	cause given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ED			<u> </u>			1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	E DEATH YE	SINON	UNCERTAIN			1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA		ONCERIAIN	• Ш					
YSIC	1 YES 2 - NO	HOSPITAL:	atlent 3 DOA	OTHER: 4 Nursing Nom-	5 Residence	a Other (Specify)					
	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. DESCRIBE HOW IN	UURY OCCURE	,			
B	2 Accident Investigation	28e. PLACE OF INJURY	— At home larm		ES 2 NO	ARE LOCATION (Over 1	-10-1				
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	elfy)	ereet, factory, diffici		28f. LOCATION (Street a City or Town, State)	nd <b>Nu</b> mber or Ru	rel Route Number,			
PE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	ledge, death occurre	ed at the time, date	and place, and due	to the cause(a) and men	ner as stated.				
OM		R: On the basis of examination						se(a) and menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CENTURE	11.6			29c. LICENSE NUM	BER	29d. DATE SIGN	NED (Month, Day, Year)			
5	MANUAL AND ADDRESS OF PERSON WH	Suis	M	152	102321-1	59947	<b>&gt;</b>	1/15/95			
	ERIC D <1	O COMPLETED CAUSE OF DE		Print) Al Ho	ep 1 a.	prop 4 .	4	1.			
	31. DATE FILED (Month, Day, Year)	31. MEDISTRAR'S SIGN		HI HO	SPITAL	1544	-T M	W			
	JAN 1 7 1995	Jahra Stewater K	welst								



Approximate interval Between Onset and Death

1 - FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

	aft
	hours
	24
000	within
1001	executed
5	2
	certificate
Ų,	death
Š	the
	that
D II L	requires
_	AW.
1	The same
>	CIAN
5	PHYS
INISION OF VITAL RECORDS, P.O. BOX 88780	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours aft
	00

JAN 1 7 1995

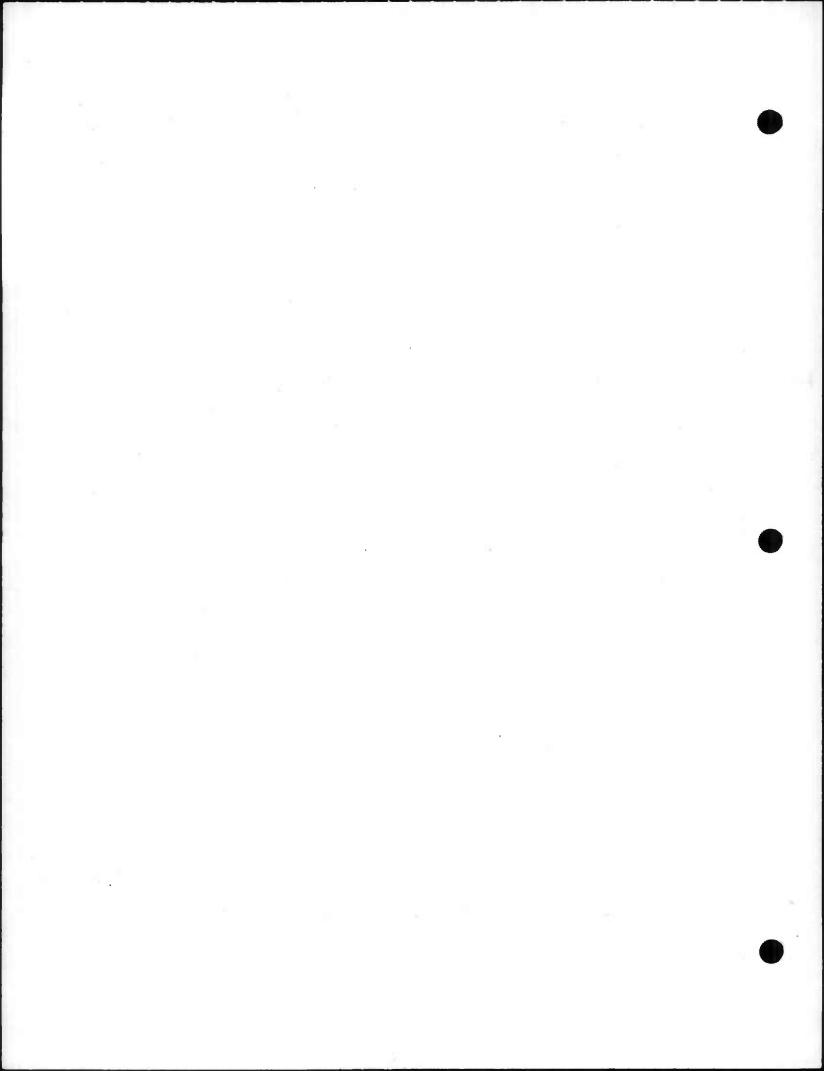
		1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH DAY YEAR 3. TIME OF				
		BARRY G. HOOPER  4. SOCIAL SECURITY NUMBER	5. SEX		et a sassi						JAN 15,	1995		1:35 A	
2	9	215-90-2519	1 🔀 M 2 🗆 F	8. AGE	(In yrs. lest birth		ONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 22,	1963	S. BIRTHPL Country) MAR	ACE (State or Foreign	
3 should	-	9a. FACILITY NAME (If not institution, give s	,						OR LOCATI		EATH	9c. COU	NTY OF DEA	тн	
1, 2, 3	DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A.  RESIDENCE OF DECEMENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INS.											A. COUNTY		
permit. Pages 1, 2,		MARYLAND ANNE	100			DENA						Od. INSIDE CITY LIMITS?  YES 2 X NO			
동	FUNERAL	3647 SEAFORD COUR			101. ZIP CODE 21122					10g. CITIZEN OF WHAT COUNTRY?					
hours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal.  medical examiner must be notified at once.	B	11. MARITAL STATUS 1   Never Married 2   Married 3   Widowed 4   Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 (X) NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANII If yes, specify Cuban, Mexican, 1  YES 2 NO Specify:			in, Puerto Ricen, atc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE			
r attending use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDE						16b. KIND OF BU	JSINESS/IND	USTRY		
ospital or thed for u	COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5+)  DISH WA			*			RESTA	URANT				
by the hospit be detached at once.	8	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NA	ME (First, Middle, Maider				
ed by	8	ROBERT L. HOOPER	JR.								IA ELIZAE			AN	
5 should	2	194. INFORMANT'S NAME (Type/Print)			1						Route Number, City or Tox				
ay be		Victoria E. Hoope		206	. PLACE AND D					t Pa	sadena Mar	VI and			
director, p		1 X Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	cem	CEDAR	HILL	place)	MET	ERY		1			•	
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY													
the fun yeal.		Hilary Stallings Jr. STALLINGS FUNERAL HOME P.A. 3111 Mountain RD. Pasadena MD. 21122												122	
A hours after filled in by th on, or remove he medical		23. PART I. Enter the diseases, or compile from the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final												Approximate interval Between Onset and Deat	
within appletely cremati		disease or condition resulting in death)	DUE/TO	(OR AS A	CONSEQUEN	CE OF):	na						<u> </u>		
be execution to bur to bur aumatic	ATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
nding phy Hygiene p ar other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. CAUSE (Disease or Injury that initiated events resulting in death) LAST													
the death y the attend of Mental		PART II. Other significant condition	a contributing to	death h	ust not mould	ing in ti	be un	da et da e		eli i e le	Book L. Louis and Aug.		1		
that the by he and he and lin	EDICAL	Sch 20 MI Sense PERFORMED? COMPLET												ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
w requires been signification of Health 3 shows	. M	DID TOBACCO USE CONTI	RIBUTE TO CA	USE O	F DEATH	YES		10 F	LUNC	FRTAI	<u> </u>		1	YES 2 NO	
SICIAN: The law r certificate has be th the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF	DEATH (0	Check o	only one)							
SICIAN certifi the	HYS	27. MANNER OF DEATH	1 Impatient 2 I	INJURY		TIME O		ing Home	_	esidence	6 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCC	TURED		
G PHYS er this c th with	Y P	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Ybar)		INJURY	M	1 🔲 Y	RK?	] NO	Edu. DEGOTIBE 11011	INDOM OU	ONED		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has b filed within 72 cm. with the State Dept. PORTMY I was 23 promoted, or Item 23	印	3 Suicide 6 Could not be determined	26a. PLACE O	F INJURY atc. (Spec	— At home, fe	erm, stree	ot, tacto	ory, office			26t. LOCATION (Street City or Town, State	and Number )	or Rural Rou	te Number,	
TAL OR /		29e. CERTIFIER (Check only one)												-	
HOSPITAL FUNERAL within 72	8	2 MEDICAL EXAMINE		camination	n and/or invest	igation, ir	n my o	oinlon, de							
TO THE HOSP TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Sofn C	)er	me	$\searrow$		n	29c. LICE	22	206	29d, DATE	BIONED (M	onth, Day, Year)	
	- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DE	ATH (ITEM 27)	(Type, Prir	nt)								

MUSTAFA C. OZ, M.D. 273-B PENINSULA FARM ROAD, ARNOLD MD 21012

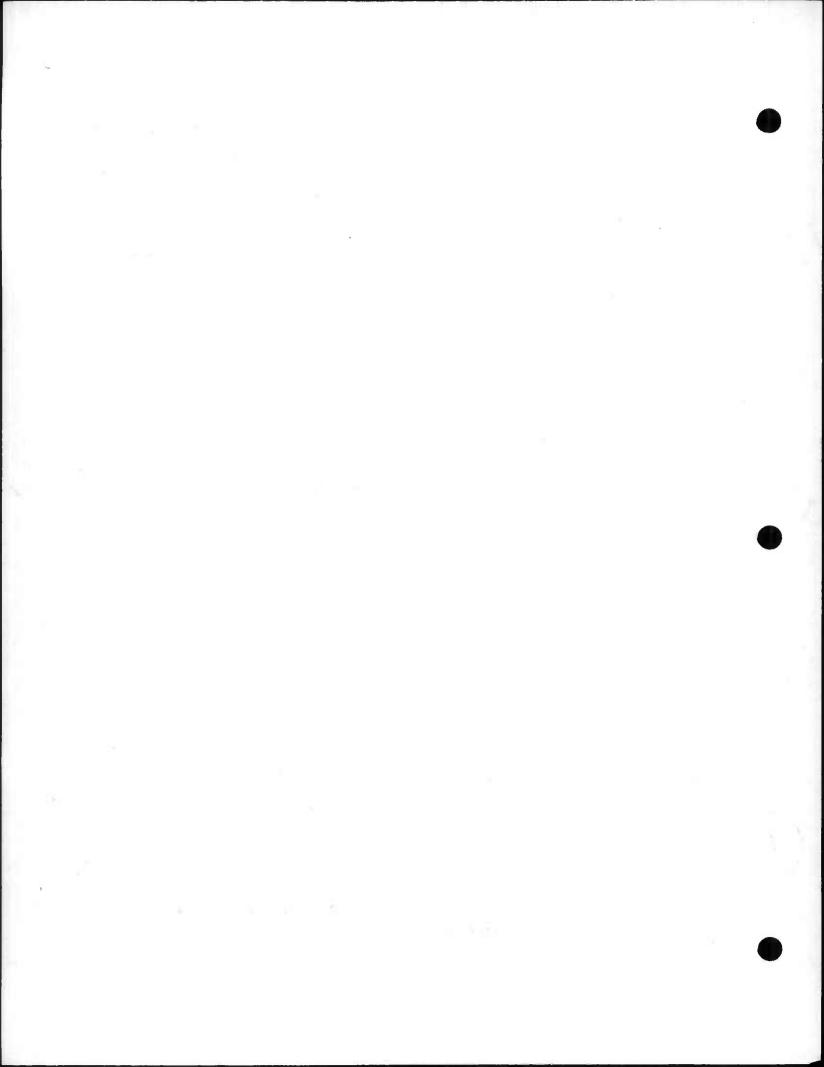
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



	A PROPERTY OF STREET STATE AND ASSESSED.				
	1. DECEDENT'S NAME (First, Middle, Land)	HURAHTAROM		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEA
	PAUL B		FUNDER 1 YEAR   FUNDER 24 HML	JAN. 09, 1995	22:12
	219-08-23// Pa. FACILITY HAME (If not institution, give st	1× 1 25 YRS.	BONTHE DAYS HOURS MIN.	May our may	B. BIRTHPLACE (Steps or
CTOR	4624 PIMLICO RI		BALTIMOR		
DIRECTOR	10a. STATE 10b. COUNTY	IDE. CITY	DAL TIMORE		10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	2435 W. C	proport Love	2/2/15 2/2/15	7 /	TEH OF WHAT COUNTRY
ВУ	11. MARITAL STAFUS 1 A Never Married 2 Married 2 Widowed 4 Divorced	15. WAS DECEDENT EVER IN U.S. ARMED FORDEST 1 TYES 2 NO. IF YES, GIVE WAR ON DATES	12. WAS DECEMBENT OF HISPA If yes, specify Cuben, Maxico 1   YES 2   NO Specif		14. RACE — American for Black, While, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Recondary (9-12)		VK district district most of working	166. KIND OF BUSINESS/INDI	USTRY 7
	TOTAL PORT OF THE PROPERTY OF	Tollin can	18. MOTHER'S NA	MME (First, Michile, MalgarySumame)	cah /
TO BE	THE THEORIMANT'S MAME (TypesPring)	19b. MAILING A	ODRESS (Spropt and Nylighor of Farm)	Route Number, City or Yough, Stafe, Esp.	Cooks)
۴	ZGB, METHOD OF DISPOSIZION	SAIN SON JAP	2 W. (p/D5)	porto-Lana	307mD, 2
	1 Buriel 2 Cremetion 3 Remo	val from State 200/94 are and DATE OF		11/195 Van da	San 1
	21, SIGNATURE OF CHERAL SERVICE LICE	mget /	22. WHITE AND ADDRESS OF	MORON TURE	PAI Along
_	- Ken / 1/	bul -	270 FRED	Withou VASS	ENT MO
	23. PARIFICENTAL THE diseases, or co	emplications that caused the death. Do no	t enter the mode of dving au-	h an aprellan or encolectors are	1
	IMMEDIATE CAUSE (Final disease or condition	let only one cause on each line.		^	interval
	IMMEDIATE CAUSE (Final	let only one cause on each line.	nhot Wou	^	interval I
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	Multiple Gu	nhot Wou	^	interval
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	nhot Wou	^	interval
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	nhot Wou	^	interval I
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	nlot Wou	Part I. 24a. WAS AN AUTOPSY	Onset ar
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	nlot Wou	ndo	interval I
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  contributing to death but not resulting in	the underlying couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  IBUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH	the underlying ceuse given in  NO UNCERTAIL	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY AMALABLE PRON COMPLETION OF OF DEATH?
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsesse or injury that initiated events resulting in death)  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH  HOSPITAL:    Impattent 2   ER/Outpatient 3   DOA   4	the underlying couse given in  NO UNCERTAIL (Check only one)  DTHER: Nursing Home 5   Reeldence	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 Pres 2
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH HOSPITAL:    Impettent 2	the underlying ceuse given in  NO UNCERTAIL (Check only one)  OTHER: Nursing Home 5   Reeldence OF 28c. INJURY AT WORK?	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 Pres 2
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH HOSPITAL:    Impattent 2	the underlying couse given in  NO UNCERTAIL  (Check only one)  OTHER:  Nursing Home 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO  set, factory, office	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  N 1  6 X Other (Specify) IN 2  28d. DESCRIBE HOW INJURY OCC.  SULPCT SP	24b. WERE AUTOPSY: AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 PFES 2  UREO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH  HOSPITAL:  1   Inpatient 2   ER/Outpatient 3   DOA   6  NJUP  26e. DATE OF INJURY   28b. TIME (Month, Day, Year)   28b. TIME (NJUP)   28b. TIME (Month, Day, Year)   28b. TIME (NJUP)   28b. TIME (Month, Day, Year)   28b. TIME (NJUP)   28b. TI	the underlying couse given in  UNCERTAIL  (Check only one)  THER:  Nursing Home 5   Reeldence  OF 28c. INJURY AT  WORK?  1   YES 2   NO  eet, factory, office  L (a   ley)	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  N 22d. DESCRIBE HOW INJURY OCC  SULLAND Street and Number of City or Town, State) 14 C 2 L  Balfimore Mod	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 PYES 2 UNEO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART ii. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH HOSPITAL:    Impattent 2	the underlying ceuse given in  UNCERTAIL  (Check only one)  THER: Nursing Home 5   Reeldence  OF 28c. INJURY AT  WORK?  1   YES 2   NO  set, factory, office  L (a) Ley  at the time, date end place, end due	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  8 Y Other (Specify) IN P  28d. DESCRIBE HOW INJURY OCC  SUBJECT SI  28t. LOCATION (Street and Number of City or Town, State) 14 C2 L  Balfimore Mod  to the couse(e) and manner as state	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 PYES 2 UNEO PRIOR Number, Amalable Prior Repair Route Number, Amalable Prior Repair Route Number, Amalable Prior Repair Route Number, Amalable Prior Repair Route Number, Amalabate Prior Route Prior Repair Route Number, Amalabate Prior Rout
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART ii. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in in in in in in in in in in in in in	the underlying ceuse given in    NO UNCERTAIL   (Check only one)   OTHER:   (Check only one)   Nursing Home 5   Reeldence   RY WORK?   1   YES 2   NO     Neet, factory, office   (a ley)   at the time, date end place, end due in my opinion, death occured at the large of the course o	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  8 X Other (Specify) IN A 28d. DESCRIBE HOW INJURY OCC.  SUCCESSION (Street and Number of City or Rown, State) 14-62 L  Balfinore Md  to the couse(e) and manner as state time, date and place, and dua to the MBER  29d. DATE	Interval I Onset ar  24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 PYES 2   ALLEY UREO  ALLEY  UREO  ALLEY
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined  29. CETIFIER (Check only one) 2 X MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Contributing to death but not resulting in  BUTE TO CAUSE OF DEATH YES  26. PLACE OF OEATH HOSPITAL:  1   Inpatient 2   ER/Outpatient 3   DOA   4  NJUP 26e. DATE OF INJURY   28b. TIME (Month, Day, Year)   28b. TIME (NJUP)   28b. TIME (Month, Day, Year)   28b. TIME (NJUP)   28	the underlying ceuse given in    No UNCERTAIL   Check only one)   Numing Home 5   Reeldence   Numing Home 5   Reel	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  8 X Other (Specify) IN A 28d. DESCRIBE HOW INJURY OCC.  SUCCESSION (Street and Number of City or Rown, State) 14-62 L  Balfinore Md  to the couse(e) and manner as state time, date and place, and dua to the MBER  29d. DATE	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH?  1 PYES 2   UREO  ALLEY UREO  ALLEY UREO  ALLEY  ALLEY  UREO  ALLEY  ALLEY  UREO  ALLEY  ALLEY  UREO  ALLEY  ALLEY  UREO  ALLEY  ALLEY  UREO  ALLEY  ALLEY  ALLEY  UREO  ALLEY  ALL



TO THE COSTIAL OF MENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNDAMENTALION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	HEGISTHAN			ENIIF	ICALE	OF DE	АІП		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YE			YEAR	3. TIME OF DEATH		
	DANTE	LAMARR		HARRIS						1995		11:01P M
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (tr		The second secon		IDER 1 YEAR IF UNDER 24		7. DATE OF	OF BIRTH		S. BIRTH	PLACE (State or Foreign
	216-84-2404	1 🕵 M 2 🗆 F	19	YRS.	MONTHS D	AYS HOU			Day, Year)	Country)		
	9e. FACILITY NAME (If not institution, give s	treet end number)			96. CITY, TO	WN OR LO	CATION OF D	Alor.	20,1		Mar NTY OF D	yland EATH
E	4000 BLOCK OF	ME	- 1	Dal	+		2 4					
E 1	RESIDENCE OF DECEDENT	HOTTON P	AVE.		Ват	LINC	re C	ity.			N/A	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR L	OCATION				10d. INSIDE CITY		
	Maryland	N/A		В	altin	nore						1 TO YES 2 NO
A	10e. STREET AND NUMBER			101. ZIP CODE						ZEN OF Y	HAT COUNTRY?	
<b>6</b>	218 S. Fulton	Avenue					2122	23		US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E		R IN U.S. ARMED 13, WAS DECEMBENT OF HISPAN					14. RACE	- American Indian, , White, etc.		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1			If yes, specify Cuben, Mexican, 1 YES 2X NO Specify:			an, etc.)			white, etc.	
	3 Widowed 4 Diverced					24-		•			-	»DIGCK
世	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Dt	ECEDENT'S	USUAL OCCU	PATION	prkina	16b, K	IND OF BUS	INESS/IND	USTRY	
<u> </u>	9th grade	College (1-4 or 5+)	line.	n. Do NOT us	e retired.)	retired.)						
MP	9th grade		La.	bore	r							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AME (First, Mid				
BE (	Lamarr C. Har	ris				N	Maxin	e Tui	cnage	5		
10 8	19e. INFORMANT'S NAME (Type/Print)							Route Number,				21223
F	Maxine Harris			218	S. Fu	ltor	Ave	nue I	Balti	mor	e,	Maryland
	Maxine Harris  218 S. Fulton Avenue Baltimore, Ma  200, METHOD OF DISPOSITION  12 Burlet 2 Cremetton 3 Removed from State  200, PLACEAND DATE OF DISPOSITION [Name of cemetery, cremejory or or other place]  MH 7 100 OF TOWN, S  Baltimore, M											wn, State
	4 Donetion 5 Other (Specify)	over from State	Mt .	ematory or ot Zion	ceme	terv	, 1/	14/9	Ba1	timo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LO	ENSEE					PRESS OF FA	ACILITY D	240	Rei	cta	rstown Rd
	Berry 9m	in			Cha	+mar	_Har					re,Md21215
-	0 1 1 1 '			- Day								re, Mazizij
	23. PART // Enter that diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory strest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a conscouence of):											
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):											
2	PART II. Other aignificant conditions	s contributing to da	ath but not i	resulting is	n the under	lying caus	e given in	Part i 2	Ia. WAS AN A	MITOREY	246	WERE AUTOPSY FINDINGS
EDICAL						Tymig cau.	o given in	PERFORMED?			AMAILABLE PRIOR TO	
							-	_   1	YES 2	□ NO		OF DEATH?
Σ	DID YOU A COO LIST COLUTE	101175 70 0111				-						1 YES 2 NO
ä	DID TOBACCO USE CONTR	GIBUTE TO CAUS					NCERTAI	и Ц				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	H (Check only OTHER:	one)						
XS	1 XYES 2 NO	1 - Inpatient 2 - EF		B □ ODA		Home 5	Residence	6X Other (S	Specify) OI	N ST	REE	т.
PHYSICIAN:	27. MANNER OF DEATH	280. DATE OF INJ		28b. TIME	E OF 280	WORK?	Г	28d. DESCR	- 6	JURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation	17-7-9	3	Four 221	3 M 1	YES	2 NO	Sur	fect	51	101	
	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	(Spacify)	ome, farm, s	treet, factory,	office		28f. LOCATI	ON (Street ar Town, Stele)	nd Number	or Rural R	oute Number,
ETED	4 Homicide datermined			Stre	et			Baltim	oreCt	4000	BIKC	f thotton Ave
٦ <u>١</u>	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	ath occurre	d at the time.	date end pi	ace, end due			per an state	ad .	
COMPL												and manner as stated.
	29b. SIGNATURE AND TITUE OF CERTIFIER						LICENSE NUI		T			
BE	///	201.1				100						(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	5 MUSTE	E DEATH ATT	94 OT (T	Person	(	D.C.N	1.E.		JA	N 0	8, 1995
	WHITE AND ADDRESS OF PERSON WAS									_	-	
}	31 DATE EILED (Month On Mark	N. W. C. Constant	TII P	enn	stree	et,	Ralti	more	, Mai	ryla	nd	21201.
	JAN 1 7 1995 Jul	A RESIDENCE	A STATE									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

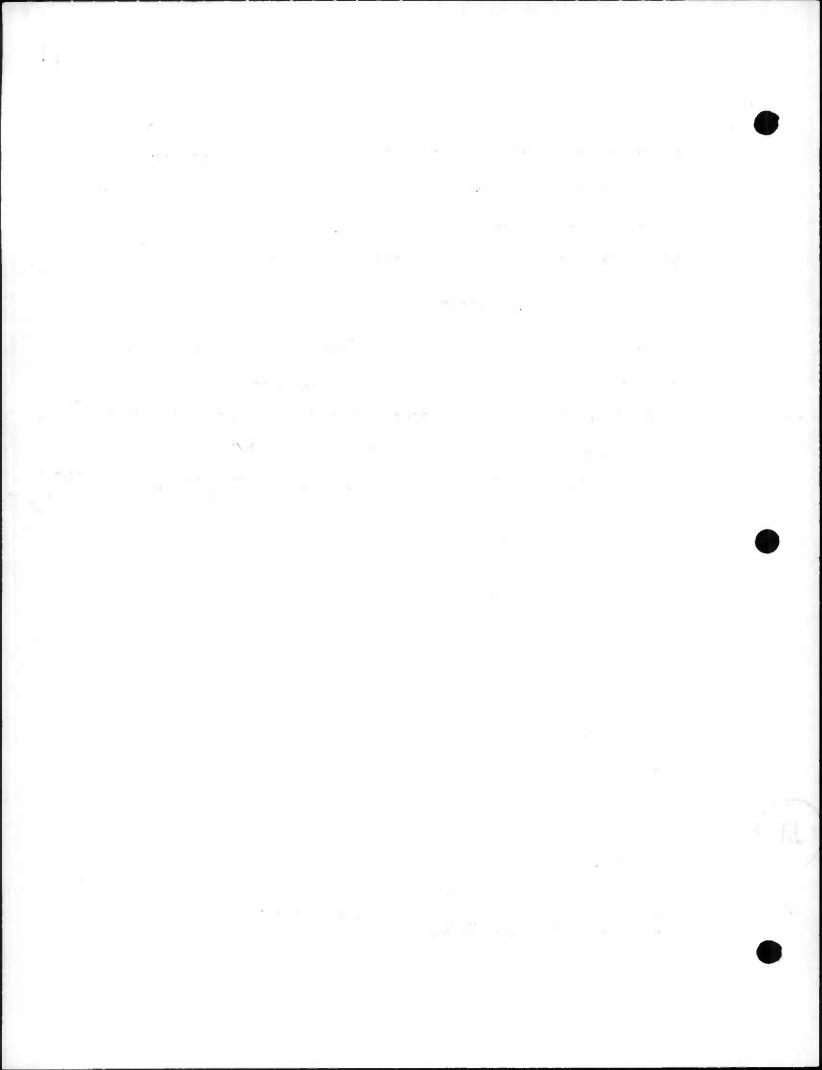
TO THE HISPERSONS PROJUCIAN. The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Suite Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Ill term 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEAT	TH	TEN INE	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						T		OF DEATH			3. TIME OF DEATH
	HENRY G. HYLAND						ŀ	JAN	15	199	S YEAR	2:40 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	, 10.		PLACE (State or Foreign
	218-26-1822	XXM 2 □ F	67	YRS.	MONTHS DAYS	HOURS	MIN.	(Month,	Day, Year)	27	Country	MONT
	Sa. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	DOLOCATH	ON OF DEA		12		NTY OF D	
Œ	NORTH ARUNDEL HO		COCTATI	ON								
5	RESIDENCE OF DECEDENT	SPITAL AS	SUCTATIO	UIV	l GL	EN BL	IKNIE			<u> </u>	.A. C	OUNTY
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. Cf1	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
5	MARYLAND ANN	E ARUND	EL		HANO	VER					- 1	LIMITS?
	10e. STREET AND NUMBER				10	ZIP CODE				10g. CIT	IZEN OF W	THAT COUNTRY?
EB.	7392 SOUTH BAS	COM COU	RT-BOX	#21	1	21	076			U	.S.F	A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT O	F HISPANII	C OBIOIN?	(Specify Yes	or No-	14 BACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1	X YES 2 N	10	If yes, sp	ecify Cuba	n, Mexican,	, Puerto Ri	can, etc.)		Black	, White, etc.
BY	XXWIdowed 4 Divorced	1945-	1947		1	-20 NO	арвену.				WH]	TE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITED	16a. DE	CEDENT'S	USUAL OCCUPATION	ON	_	16b.	KIND OF BUS	INESS/INC	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 -	life.	MX T	Work done during mo	CE	g	-				
P	12	0		St	PERVIS	ΣŔ		ST	ATE (	GOVE	RNME	ENT
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	ER'S NAM	E (First, Mi	iddle, Maiden	Surname)		
BE	unknown					unk	nown	n				-
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street a	nd Number	or Rural Ro	oute Numbe	r, City or Town	n, State, Zip	Code)	21076
5	SUSAN A. JOHNS		7:	392	SOUTH :	BASC	OM C	CT-B	OX #2	211-	HANC	VER, MD.
	20a, METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION (No	ıma of		DATE	20c. LO	CATION -	City or Tox	wn, State
	1) Qurief 2 Cremetion 3 Rem	oval from Stata	GLEN	HAV	EN CEM	ETER	Y 1	1/18	GLI	EN B	URN	E,MD.
	21. SIGNATURE OF FUNCHAL SERVICE LIN	ENSEE	1	21 - 27	22. NAME A	ND ADDRES	S OF FACI	ILITY				
	b / / / / / /	d. N.	aufine	ari	RAYM	OND	C. F	FINK	FUNI	ERAL	HON	ME 21061 NIE,MD.
-					426	CRAI	N HW	VY.S	.W.G	LEN	BURI	NIE,MD.
	23. PART I. Enter the diseasea, or ahock, or heert failure.	complications the List only one cau	t ceused the dease on each line.	ath. Do i	not enter the mo	de of dyl	ng, auch	aa cerdi	ac or reapl	ratory an	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	1.	0	1	- /		~	0	0			Onset and Death
	disease or condition resulting in death)	a. TV QU	OR AS A CONSECU	m	2 065 nu	ifnie	coco	cry	grife	are		year
		DUE TO	(OR AS A CONSEC	UENCE O	F):							V
2	Sequentially list conditions,	b										
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONSEC	OUENCE O	F):							
3	CAUSE (Disease or Injury	C	/OD 10 1 000000						7			
Ë	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEO	UENCE O	F):							
CERTIFICATION		d,										
	PART II. Other algnificent condition	e contributing to	deeth but not re	eulting	in the underlyin	ceuse o	Iven In P	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ [	1 TYES 2	110		OF DEATH?
	DID TOBACCO USE CONT	DIRLITE TO CA	LISE OF DEAT	TLI VI	C E NO E	LINIC	EDTAIN					1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CA			TH (Check only one)	UNC	ERTAIN					
2	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	-UL-00	C75-5- /	101				
₹	27. MANNEB OF DEATH	16 Inpatient 2 28a. DATE OF		28b. TIM	4 Nursing Hom E OF 28c. INJ			_			Ou source	
	1 Natural 5 Pending	(Month, De			URY WO	RK?		280. DESC	RIBE HOW IP	NJURY OC	CURED	
B	2 Accident Investigation	28a PLACE O	F INJURY — At hor	no form		/ES 2	-					
	3 Suicide a Could not be 4 Homicide detarmined	building,	atc. (Specify)	ves, surre,	street, ractory, ome	•	1,	City or	TOWN (Street a Town, State)	nd Number	or Runal Ri	oute Number,
山	29a. CERTIFIER											
AP.	(Check only											
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ex	camination and/or in	nvestigatio	n, in my opinion, d	eath occur	ed at the Hi	lme, deta a	nd place, and	d dua to th	e cause(a)	and menner as stated.
BE C	29b. SIGNATURE AND DITE OF CERTIFIED	1	0			29c. LICE	NSE NUMB	BER	Т	29d. DAT	E SIGNED	(Month, Day, Year)
	Yn	~	5				019	751.	_	•	1-1	5-07
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAN	OF DEATH (ITEM	1 27) (Type	Print)			4 .		/		- / -
		1/				CLEM	RIIDA	UTF	MD 24	061		
11	24 DATE SHEER (ATT) OF A THE	3 GREGITA	N SIGNATURE	M/\ Y	SW #206	ULLIY	אואטט	1161	110 61	001		



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HIGHDIAL OF ATTENDIAL PRINCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUND DISCOURT AMENING CALIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT Name 28 is parted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Helen C.	Hayslett				January 1	5,199	5 YEAR	10:29 p m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		s. BIRTHI	PLACE (State or Foreign
	577 22 3166	I □ M 2 🔯 F	75 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 19,1	919	Virg	inia
	9e. FACILITY NAME (If not institution, give s.	treet end number)		9b. CITY TOWN O	R LOCATION OF D			NTY OF DE	
œ	Franklin Square H		tor	Rossvil				imor	
6	RESIDENCE OF DECEDENT	ospicai cen	rer	ROSSVII	Te 212.	37	Ватс	TIME	е
DIRECTOR	10e. STATE 10b. COUNTY	/	IOc. CITY	TOWN OR LOCAT	ION				IOd. INSIDE CITY
8	Maryland Baltim	ore	Midd	le River				_	LIMITS?
	IOs. STREET AND NUMBER				ZIP CODE		Line Citi	ZEN OF W	HAT COUNTRY?
2	206 Middleway Roa	d Ant "2h	*1	100	220			S.A.	HAI COUNTRY
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER							
	1 Never Merried 2 Married	FORCES? 1 YE	8 2 NO			NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No-	Black,	- American Indian, While, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YES	2 NO Specif	fy:		Specif	White
ED	15. DECEDENT'S EDUC	CATION	I6a. DECEDENT'S	ICUAL COCURATIO			1		
E	(Specify only highest grade	completed)	(Give kind of w life. Do NOT use	ork done during mos	at of working	16b. KIND OF BU	SINE SS/INU	USTRY	
1 5	Elementery/Secondary (0-12)	College (I-4 or 5+)	Driver	, , , , , , , , , , , , , , , , , , , ,		Sch	ool B	us	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)								
2	John Otitis Smit	h			Mittie	AME (First, Middle, Meiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	11							
6						Route Number, City or Tow			3 04000
	John O. Hayslett		[206 M16	dateway	Road Ap	t 2b Middle		-	
	20e. METHOD OF DISPOSITION 1 Sp Buriel 2 □ Cremetion 3 □ Reme	oval from State	b. PLACE AND DATE O	F DISPOSITION (Name of place)	me of	DATE 20c. LO			
	4 Donation 5 Other (Specify)		eadowridge	e Cémete	xy 1/	18/199 <b>\$</b> How	ard C	ount	y, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		-	22. NAME AN	D ADDRESS OF FA	uneral Home	2 D 7		
	( Men /	Jangly	notes			Ave Baltim			and 21221
	23. FART i. Enter the diseeses, or o	complications that cause	ed the death. Do n						Approximats
	shock, or heart failure.	List only one cause on	each line.	or onto the mo	se or aying, suc	in as cerdiec or reap	natory en	wat,	Interval Between
- 1	iMMEDIATE CAUSE (Final disesse or condition	M.		L 2.	0. 2	To.			Onset and Death
	resulting in death)	DUE TO (OR AS	c 0155	michil	2 / Ula	u. Dsc.			
		DUE TO (OR AS	A CONSEQUENCE OF	):					
8	Sequentially list conditions,	b	1 00M050M5M05 05			·			
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING	CO DOE TO TOR AS	A CONSEQUENCE OF						
	CAUSE (Disesse or Injury	C. C. C. C. C. C. C. C. C. C. C. C. C. C	A CONSEQUENCE OF						
Ē	that initiated events resulting in death) LAST	000/0 (011 22	A CONSEQUENCE OF	1-					
		d							
	PART ii. Other significent condition	e contributing to death	but not resulting in	the underlying	csuee given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
2						PERFO	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입						I □ YES 2	KNO		OF DEATH?
Σ						-			1 TES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								
2	EXAMINER?	HOSPITAL:	T	OTHER:	ACE OF DEATH (C)	neck only one)			
YS	I TES 2 LNO	Inpatient 2 ER/Ou			5 🗆 Residence	6 Other (Specify)			
표	27. MANNER OF DEATH  104_Natural 5 Pending	(Month, Day, Year)		IRY WOI	RK7	28d. DESCRIBE HOW	NJURY OCC	CURED	
À	2 Accident Investigation				ES 2 NO				
	3 Suicide 6 Could not be	26e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, st ecify)	reet, factory, office	•	261. LOCATION (Street City or Town, State)		or Rural Re	oute Number,
EE0	4 Homicide determined								
2	29e. CERTIFIER Check only	CIAN: To the best of my kno	wiedge, death occurre	d at the time, date	end place, end due	to the cause(e) end me	nner ee atst	ed.	
COMPL		R: On the basis of examinat							end menner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIFIES		/		29c. LICENSE NU				(Month, Day, Year)
BE	$\sim$	letten 1			7)20	(10	D. JAI	1/16	195
요	35. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF D	EATH STEM 30 /2	Prints	W)59	10	_ ′	110	113
	1 Pfeffer	mp 1,81	28.1	1 4	1 6	Ito lu	0 5	212:	37.
	31 DATE FILED (March Cor. March	An personand	MATINE	X~	) /		-		
	JAN 1 7 1995	RECISTRARIOSIO	L.L.						
	U/111 1000 //		-						

5 (\*) 

4:25 PM

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE - American Indian, Black, White, atc.

Specify:

1 YES 2 1 NO

White

Approximata

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

KACTUMB 21234

interval Between

Onset and Death

L BIRTHPLACE (State or Formign

Maryland

Baltimore

9c. COUNTY OF DEATH

10g. CITIZEN OF

Home

REG. NO

7. DATE OF BIRTH

Oct 1909

2. DATE OF DEATH 12, 1995

BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be evecuted FOR STATE REGISTRAR

MARION

KOWALEWS KI

Julia Brustine Cartalle

8604 HARFORD NO

4. SOCIAL SECURITY NUMBER

219 03 6181

1. DECEDENT'S NAME (First, Middle, Last)

Mildred

Harmon

13 M 2 | F

6. AGE (In yrs. last birthday)

85

5. SEX

DIVISION OF VITAL RECORDS, P.O. BOX 68760

9e. FACILITY NAME (If not institution, give etreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH Meridian Mursing Center Cromwell Towson DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT Maryland 10b. COUNT 10c, CITY, TOWN OR LOCATION Baltimore Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21212 518 Castle Drive funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, stc.)
1 YES 2 NO Specify: 1 Never Married 2 Married ВY 3 Widowed 4 Divorced 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme)
Ruth Miller Raymond 0. Cohee 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rows, State, Zip Code 905 Overbrook Rd. Balto., MD 21239 2 Lorraine Morgan Pe 20 DETHOD OF DISPOSITION 1-65 Burlel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of Meadowridge Plemorial Pk. 1/16/95 Howard Co. MD must 4 Donation Other (Specify) examiner UNE OF 22 Brus mind admission sale Home PA 1407 Eastern Ave. Baltimore, MD 21221 n and completely filled in by the to burial, cremation, or removal. the medical that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death] rebrovascular event, rferiosclerati traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST 6 the atter PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY Health and B PERFORMED? 1 YES 2 NO shows t, of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\boxtimes$  UNCERTAIN  $\square$ PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The contilicate h HOSPITAL: OTHER: 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) ä 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 24 1 Natural 5 Pending Investigation M 1 YES 2 NO BY Ather death 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide M COMPLETED 6 Could not be SCIOR affer 4 Homicide 77 29e. CERTIFIER

(Chack only

1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Kernewlii MB nona 1221022 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

1-13-95 DHMH-16 Rev 1/89

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FUNERAL DIRECTOR

TO BE COMPLETED BY

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ML

BALTIMORE, MARYLAND 21215-0020

Golle Jr.

M.D.

Mario F.

FOR STATE REGISTRAR		STATE OF I	MARYLA			TMENT 0				MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE	OF DEATH	-		3. TIME OF DEATH	
WILLIE						OTMIH	N			JAN	12	19	95 <sup>AR</sup>	11:15	A
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (II	yrs. last	birthday)	IF UNDER 1 YE	_	IF UNDER 24		7. DATE	OF BIRTH			IPLACE (State or Forek	gn
244-12-493	3 4	1 🖳 M 2 🗆 F	7	1	YRS.	MONTHS DA	WS.	HOURS	MIN.		-06-23		VORT	H CAROL	TNZ
9a. FACILITY NAME (If not in	stitution, give a	treet and number)				9b. CITY, TO	WN O	R LOCATION	OF DE	ATH			NTY OF D		1111
1220 ENSC		REET				BAL	ΤI	MORE	C	TTY	7	NO	ONE		
RESIDENCE OF DEC	10b. COUNTY	1			10c. CIT	Y, TOWN OR L	OCAT	ION						10d. INSIDE CITY	
MARYLAND	1	ONE							0.1					LIMITS?	
10e. STREET AND NUMBER		TONE				BAL		MORE ZIP CODE	CI	YTY		10a CIT	ZEN OF Y	1 YES 2 NO	
1220 N.	ENSOR	ים בים מיים	יד						212	00					
11. MARITAL STATUS	BUDOI	12. WAS DECEDEN	T EVER IN	U.S. ARM	1ED	13. WAS	DEC		212		N? (Specify Yes		LTED	STATES  - American Indian,	$\dashv$
1 Never Married 2		FORCES?	YES	2 NO	0	If yes	s, spe	cify Cuben, 2 NO	Maxican	, Puerto	Rican, etc.)		Black	t, White, atc.	
3 Widowed 4 Divo	rced		WWI			1		X	орчолу.			AFR	CAN	MERIC.	AN
15. DEC (Specify only	EDENT'S EDU	CATION completed)				USUAL OCCU				168	. KIND OF BUS	INESS/IND	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	life, i	Do NOT us	e retired.)									
8TH		NONE			DISA	ABLED	_			$\perp$		ONE			
17. FATHER'S NAME (First, M.		- DAVID HI	MO'EM								Middle, Maiden	Surname)			
19a, INFORMANT'S NAME (7		וח מזאאת 🖦	INTON	n mari			$\Box$				SON				
CAROLYN HI		λιι σκι		196.	MAILING	7 7					ber, City or Town				
_20a. METHOD OF DISPOSITI		אסחקא	1	-	1 1						ARLOT				80
X ⊠ Buriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rame (Specify)		GA	RRI	BON	F DISPOSITION FOR ES	ST	VETE	ERA	NS	CHM.	- HOITAS A I WC	IGS	MILLS.MI	D.
21. SIGNATURE OF FUNE PAI	L SERVICE LIC	ENSEE	me	a		CAI	JV.	IN B.	. S	ČŘU	GGS F	UNEF	RAL	HOME MD.2121:	
23. PART I. Enter the di	seeses, or c	omplications the	t coused	the dee	th. Do r	ot anter tha	mod	de of dying	, such	es can	dlec or respir	atory an	est.	Approximate	
shock, or he IMMEDIATE CAUSE (Fin	esit isllure.	List only one cau	ise on ea	ch lina.									227	Interval Batw Onset and D	reen
disesse or condition		Arteri	oscl	ero	tic	Card	ic	vasc	ula	ar l	Diseas	se		Onset sind D	eetn
resulting in death)			(OR AS A												
		h												İ	- 1
Sequantially list conditi if any, leading to immed		DUE TO	(OR AS A	CONSECU	JENCE OF	7):									
cause. Enter UNDERLYI CAUSE (Disease or inju		C													
thet initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEOL	JENCE OF	7:									
rooming in death, exc		d												-	_
PART II. Other significa	nt condition	s contributing to	deeth bu	t not re	sulting i	n the under	lying	ceuse giv	en In F	Part i.	24a, WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDI	NGS
											PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUS	BE .
	·									_	1   YES 2	Xwo		OF DEATH?	
DID TOBACCO U	SE CONTE	RIBUTE TO CA	USE OF	DEAT	H YE	S $\square$ NO		UNCER	PTAIN					1 YES 2 NO	
25. WAS CASE REFERRED TO						H (Check only		OTTOL	21701						-
EXAMINER?		HOSPITAL:	ER/Outpa	tient 3	DOA	OTHER:	Home	5 N Book	lanca f	□ Othe	e (Specific)				$\neg$
27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM	E OF 28c	. INJU	JRY AT	_		SCRIBE HOW IN	JURY OC	CURED		$\dashv$
	Pending investigation	(Month, D	ay, Year)		INJ	M 1	WOF	RK? ES 2 N	10						
a Carte	Could not be	28s. PLACE O	F INJURY -	At hom	e, farm, s	treet, fectory,	office		_		ATION (Street ar	nd Number	or Rural R	loute Number,	
4 Homicide	determined	bulleting,	ate. (Specif	y)						Gity	or Town, State)				
29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowle	dge, deat	th occurre	d at the time.	data s	and place, ar	nd dua 1	to the car	use(s) and men	or an atel	ed.		
														and manner as state	d.
AND SIGNATURE AND TITUE		()A	1	1				29c. LICENS			1				
Serrit	4	allet	11	t. V				O.C.			-	JA	N. 1	(Month, Day, Year) 2, 1995	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	E OF DEA	TEM	27) (Type,	Print)	_								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

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MARYLAND:	
BALTIMORE,	
68760,	

DIVISION OF VITAL RECORDS, P.O. BOX

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Page 6 may be retained by the	director, page 5 should be	
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9	ctor	
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Jean	he funeral di	
Ter	is certificate has been signed by the attending physician and completely filled in by the	oval.
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R ALTENDING PHYSICIAN: The	his c	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-
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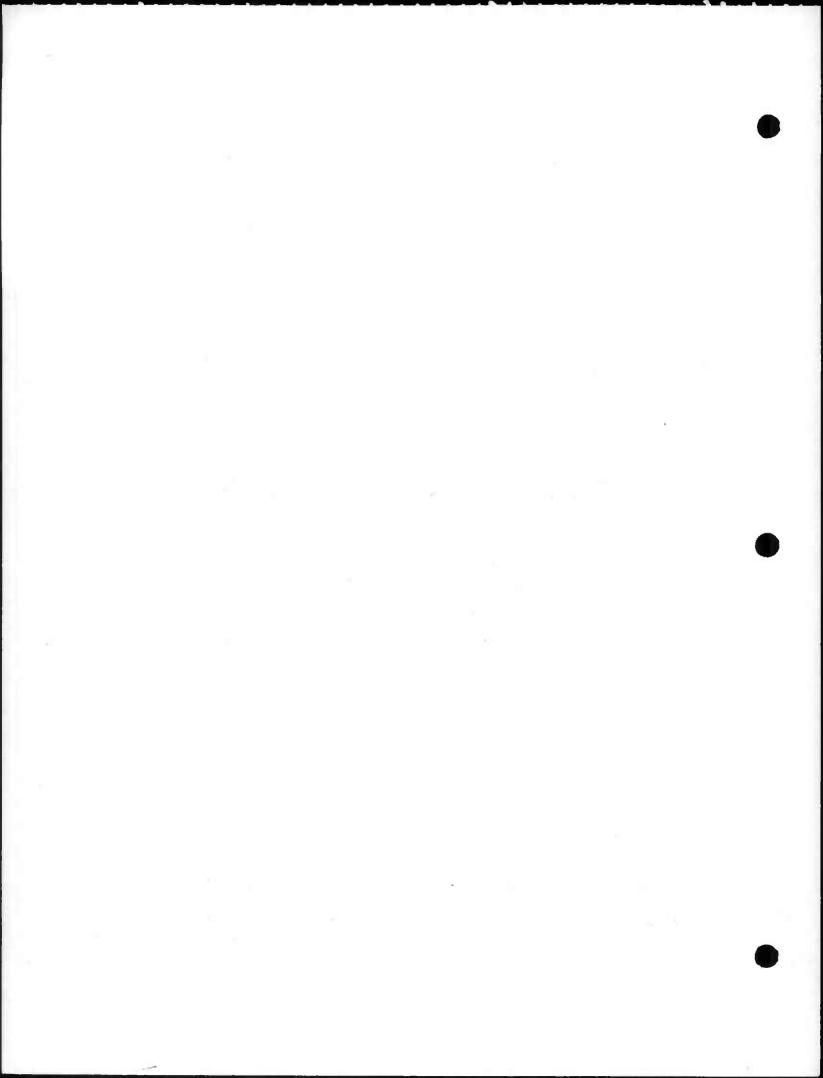
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

spital or attending physician. red for use as the burial-transit permit, Pages 1, 2, 3 should If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	TH		BEG NO

FOR STATE REGISTRAR	1	STATE OF MA		D / DEPART		HEALTH AND	MENT	AL HYGIE			
1. DECEDENT'S NAME (First, Mid	die, Last)	HA	RLE	EY			2, DAT		DAY (	YEAR 9.5	3. TIME OF DEATH 5:55 P M
4. SOCIAL SECURITY NUMBER 219-42-55	-2	M 2 F	B. AGE (In yrs	-	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH oth, Day, Year)	-20	Country	PLACE (State or Foreign
LIBERTY		and number)	CEN	TER	BA	OR LOCATION OF D	-0-	CIT	9c. COUN	NON	
100. STATE MARYLAND	COUNTY	NONE		10c. CITY,	TOWN OR LOCA BAL	TIMORE	CIT	Y			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 2902 ROCK	ROSE	AVENU	E		10	21215					THAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ried	. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA			If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 NO Speci	an, Puarte	SIN? (Specify Yes Rican, etc.)	e or No-	14. RACE Black Specifi	— American Indian, , White, atc.
(Specify only high Elementary/Secondary (0-12)	С	ollege (1-4 or 5+)	16a	DECEDENT'S US (Give kind of wor life. Do NOT use	k done during m retired.)	ost of working		Sb. KIND OF BU	JSINESS/INDI	USTRY	AMERICAN
12TH  17. FATHER'S NAME (First, Middle		NONE		SALES	PERSO			DEPAR		י	
	RNS					18. MOTHER'S NA	ULA	, Middle, Melde	n Sumame)		
194. INFORMANT'S NAME (Type/F JAMES HARLE	-					and Number or Rural ROSE AV					15
20a METHOD OF DISPOSITION ALABURIAL 2 Cremetion 3 4 Donation 5 Other (Spe		from Stata		CEAND DATE OF			1/1		GRANJ		MARYLAND
21. SIGNATURE OF FUNERAL SE	RVICE LICENS	Cruo.	50	dr.		NO ADDRESS OF FA					OME MD.21213
23. PART'I. Enter the dises shock, or heart IMMEDIATE CAUSE (Final disease or condition	ses, or com fallure. List	plications that only one cause	caused the	line.	enter the m	ode of dying, suc	ch sa ca	rdisc or resp	oiratory srre	ost,	Approximats Interval Between Onset and Death
resulting in death)  Sequentially list conditions if any, lesding to immediate		DUE TO (C	OR AS A CON	SEQUENCE OF):	OMAK	7	AR.	RES	7		1 Hours
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	d	SEI MUL	OR AS A CON	PLE	M	YELO	OM	IA			10 YRS
PART II. Other significant of	onditiona c	ontributing to d	eath but n	ot resulting in	the underlylr	ng cause given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE	CONTRIR	LITE TO CAL	ISE OF D	EATH VEC		Z LINICEDTAL	N [				1 TES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL			LACE OF DEATH	(Check only one	-					
1 TYES 2 NO			ER/Outpetlen		THER:  Nursing Hor	ne 5 🗆 Rasidence	6 🗆 OH	her (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pence 2 Accident Investigation	ling stigation	26a. DATE OF III (Month, Day)		28b. TIME (	Y W	JURY AT ORK? YES 2 NO	28d. Di	ESCRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Coul	d not be mined	28e. PLACE OF building, at	INJURY — A Ic. (Specify)	t home, farm, stre	et, factory, offi	en .		CATION (Street by or Town, State		or Rural A	oute Number,
						e and place, and due					and menner as stated.
29b. SIGNATURE AND TITE OF	CERTIFIER	Zust	e	T N	14	29c. LICENSE NU	MBER 34	55	29d. DATE	SUNED	(Mostin, Day, Year)
30. NAME AND ADDRESS OF PER	A A	JE/	OF DEATH	Ph D Type, P	TOHAS	HOPKIN	56	NOW	Y CTI	2	
JAN 1 ( 1995	julia	32, REGISTRAR	OSIGNÁTIJA OSOGA I	E (	500 N	WOLF	ES	1. 6	311-11	1401	E MO 2128



TO THE HIGH OF VITAL RECORDS, P.O. BOX 68760,

TO THE HIGH OF MITCHEN OF MITCHEN THE LEGISLAND TO THE HIGH OF THE LIGHT OF

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENTYS NAME (First, Middle, Last)	1 200	2. DATE OF DEATH

	1 - STATE REGISTRAR		ICATE O			REG. NO.	E				
	1. DECEMBRITYS (NAME (First, Middle, Last)	N				E OF DEATN	44 95°	3. TIME OF DEATH			
	4. SOCIÁL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 212-01-6935 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	last birthday) YRS.	IF UNDER 1 YEAR		IIN. (Mo	E OF BIRTN nth, Day, Year)	C	INTHPLACE (State or Foreign ountry)			
~	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	OR LOCATION		ch 1.	909 Sc. COUNTY	Maryland OF DEATN			
0	University of MD Medical Center	r	Balt:	more							
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	CATION		2		10d. INSIDE CITY LIMITS?			
	Maryland Baltimore	Ca	tonsvi					1 TYES 2 NO			
RAI	10e. STREET AND NUMBER			101. ZIP CODE				OF WHAT COUNTRY?			
FUNERAL	707 Maiden Choice Lane #8203	ARMED	13 WAS D	21228 ECENDENT OF N		IN7 (Specify Voc		SA RACE — American Indian.			
BY	1 Never Married 2 Merried FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES  WW 2		If yes,	specify Cuben, M ES 2 X NO	lexican, Puerte			Black, White, etc.  Specify:  White			
E	(Specify only highest grade completed)	(Give kind of	USUAL OCCUPA	TION most of working	16	Sb. KIND OF BUS	BINESS/INDUSTI	ły			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	m. Do NOT u	ublic A	ccounta	ant	Acco	unting				
SO	17. FATNER'S NAME (First, Middle, Last)					, Middle, Malden	Sumeme)				
BE		ludson	-		ecca	Gertr		eginney			
2	Mrs. Ruth Colston, P.O.A		ADDRESS (Stree								
	20e. METHOD OF DISPOSITION 20b. PLAC		erton F				CATION - City				
	1 N Burlal 2 Cremetion 3 Removal from State 4 Donetion S Other (Specify)	remetory or o	ther plece)	. Ch Ce	1 -			, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIEBUSEE		22. NAME	AND ADDRESS	OF FACILITY						
	Martin D. Lawson			hell-Wi				ryland 21212			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused that deeth. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximata interval Between Onset and Death of the cause of condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
2	PART II. Other significent conditions contributing to deeth but no	t resulting	In the underly	ing cause give	in In Part I	24a, WAS AN	ALEMPS I	24b. WERE AUTOPSY FINDINGS			
MEDICAL						PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
Ä	DID TOBACCO USE CONTRIBUTE TO CA	USE OF			ИО □						
SIC!	EXMINER?  1 YES 2 100    YES 2   TO   YES 2   TO   YES 2   YES 2   YES 2   YES 2   YES 3   YES 3   YES 4   YES 4   YES 5   YES	2 🗆 004	OTHER:	PLACE OF DEAT	- 12						
BY PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	26b. TIM	E OF 28c. I	OFFICE OFFI	28d. D	her (Specify) ESCRIBE NOW II	NJURY OCCURE	D			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, of	fice	281. LC	CATION (Street a by or Town, State)	and Number or Ru	ural Route Number,			
COMPLETED	29e. CERTIFIER (Check only   MEDICAL EXAMINER: On the bast of my knowledge,							use(s) end manner se stated.			
TO BE C	SIDE SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSI	E NUMBER	0	29d. DATE SH	NED (Modily: Day, Year)			
F	MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type	Print	p. 2	25,6	reene	84.1	Batt: MD			
	31. DATE FLANOI 7 1995 ALL REDUDA	alle		(							

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	Unterpreted Niter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
MISION OF VITAL RECORDS, P.O. BOX 68760,	THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	UNE TRAIL After this certificate has been signed by the attending physician and completely filled the state Dept. of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 2	REGISTRAR			.0711	OF DEATH	REG. N	J.		
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAD	TIME OF DEATH
	Gladys Wiley H	<u>esselbach</u>	er			Jan. 15	, 199	5 7	:19 pm
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	216-01-6944		97 YRS.	MONTHS DA	A HOURS MIN.	June 15,	1897	Mary	land
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOV	VN OR LOCATION OF D	EATH		TY OF DEAT	
5	Glen Meadows Care	Center		Glen	Arm		Balt	imore	
DIRECTOR	10a, STATE 10b, COUNTY		10c CI	Y, TOWN OR LO	CATION			Lo	d, INSIDE CITY
<b>E</b>	Maryland Balt	imore							LIMITS?
	10e. STREET AND NUMBER	TIIIOTE	G.	len Arn	101, ZIP CODE		I son CITI		YES 2 NO
FUNERAL	11630 Glen Arm Roa	d							COUNTRY
Z		12. WAS DECEDENT EVER	IN U.S. ARMED	12 WAG	21057 DECENDENT OF NISPA	NIC ODICING CO II. N	U.S		
	1 Never Merried 2 Merried	FORCES? 1 YES	8 2 7 NO	If yes	, specify Cuben, Mexico	in, Puerto Rican, etc.)	s or No-	Black, W	American Indian, hite, etc.
BY	3 X Widowed 4 Divorced	IF TES, GIVE WAN ON	DATES	ם'	YES 2 NO Specif	у:		Specify.	white
9	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S			16b. KIND OF B	JSINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most of working				
MP	2	years	Executiv	ve Secr	etary	Leasin	ng		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Meide	n Surneme)		
BE	William	Wiley			Blanche			Straw	bridge
2	19e. INFORMANT'S NAME (Type/Print)				et and Number or Aurai				
-	C. Ziegler Gregor		20 Ti	ceeway	Ct. Apt.				
	20a METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remove	val from State	b. PLACE AND DATE	OF DISPOSITION	(Name of		OCATION — C		
	4 Donation 5 Other (Specify)	A D	tery, crematory out	ey Mem.	Gardens Ja	n 19 Tin	nonium	, Mar	yland
	31. SIGNATURE OF FUNERAL SERVICE LICE	1 1/	()	Mi t.c	hell-Wied	efeld Home	Inc		
	hems	hoseph 1	act		York Roa				12
	23. PART i. Enter the diseasea, or co	mplications that cause	ed the death_Do	not anter tha	mode of dying, suc	h as cardiac or res	iratory arre	est,	Approximata
	ahock, or heart failure. Li iMMEDIATE CAUSE (Final	ist only one cause on	each line.				•		Interval Between Onset and Death
	disease or condition resulting in death)	0.144	0 4.	0	0				Olisat and Batti
- 1	a.	DUE TO (OR AS	A CONSEQUENCE O	F):	*				
z									
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
S 1	CAUSE (Disease or injury c.								
$\simeq$ $\parallel$									
TIFIC	that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFIC	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
AL CERTIFICATION					ying cause given in	Part i, 24s. WAS A		24b, WE	RE AUTOPSY FINDINGS
	PART II. Other significant conditions	contributing to death	but not resulting		ying cause given in	PERFO	RMED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE
EDICAL	PART II. Other significant conditions		but not resulting		ying cause given in	Part I. 24a. WAS A PERFC	RMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other significant conditions	contributing to death	but not resulting	in the underi		PERFO	RMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE
MEDICAL	PART II. Other significant conditions  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL	contributing to death	but not resulting	in the undering	☐ UNCERTAII	PERFO	RMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other significant conditions  COMPART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death	but not resulting  Life L  DF DEATH YE  28. PLACE OF DEA	in the underly	UNCERTAII	PERFO	RMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other significant conditions  CONTROL  DID TOBACCO USE CONTROL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	Contributing to death  Ling Lean  IBUTE TO CAUSE (  HOSPITAL: 1   Inputient 2   ER/Out  280. DATE OF INJURY	DF DEATH YE  28. PLACE OF DEA  Tention: 3 □ DOA  28b. Tim	in the underly	UNCERTAII	PERFO	PMED?	AW CO OF 1	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending	contributing to death  Ling Line  BUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Ou	DF DEATH YE  28. PLACE OF DEA  Tention: 3 □ DOA  28b. Tim	In the underly  ES NO IN (Check only of OTHER: 4 Nursing I E OF 28c.	UNCERTAII	PERFC 1 YES	PMED?	AW CO OF 1	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation	Contributing to death  Ling Lean  IBUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY	DF DEATH YE  28. PLACE OF DEA  1 DOA  28b. TIM	In the underly  ES NO IN (Check only of OTHER: 4 Nursing I E OF 28c. URY M 1	UNCERTAII	PERFC  1 YES  6 Other (Specify)  26d, DESCRIBE NOW  26t, LOCATION (Street	NO INJURY OCC	OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH   Netural 5   Pending investigation	Contributing to death  Ling heen  IBUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJURY (Morth, Day, Yeer)	DF DEATH YE  28. PLACE OF DEA  1 DOA  28b. TIM	In the underly  ES NO IN (Check only of OTHER: 4 Nursing I E OF 28c. URY M 1	UNCERTAII	PERFC 1 YES  N	NO INJURY OCC	OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	Contributing to death  Ling Ling  BUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY building, etc. (Sp.	DF DEATH YE  28. PLACE OF DEA  tpatient 3 DOA  28b. TiM  IN.	In the underly  IN (Check only of OTHER: 4) Nursing P  E OF 28c. I [  INT   Street, factory, of others.	UNCERTAII ne) Home 5 Rasidence INJURY AT WORK? YES 2 NO	PERFC  1 YES  6 Other (Specify)  26d, DESCRIBE NOW  26t, LOCATION (Street City or Yown, State	INJURY OCC	URED	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	Contributing to death  Ling Ling  BUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY building, etc. (Sp.	but not resulting  OF DEATH YE  26. PLACE OF DEA  tipatient 3 □ DOA  28b. TiM  IN.  IY — At home, farm,  ecify)	In the underly  S NO IN (Check only of OTHER: 4 Nursing P E OF 28c. IURY M 1 street, factory, of other street, factory, of other street, factory, of other street, factory, or	UNCERTAII ne) Iome 5 Rasidence INJURY AT WORK?  YES 2 NO  ffica	PERFC  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  28t. LOCATION (Street City or Yown, State to the cause(e) and me	INJURY OCC	AMED  OF 1 [	NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO NUmber
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH   Natural   5   Pending   Investigation   3   Suicide   6   Could not be determined    29e. CERTIFIER (Check only one)   1   CERTIFVING PNYSICI   Check only one)   2   MEDICAL EXAMINER:	Contributing to death  Ling Ling  BUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY building, etc. (Sp.	but not resulting  OF DEATH YE  26. PLACE OF DEA  tipatient 3 □ DOA  28b. TiM  IN.  IY — At home, farm,  ecify)	In the underly  S NO IN (Check only of OTHER: 4 Nursing P E OF 28c. IURY M 1 street, factory, of other street, factory, of other street, factory, of other street, factory, or	UNCERTAII  The property of the	8 Other (Specify) 28d. DESCRIBE NOW  28t. LOCATION (Street City or Town, State to the cause(e) and me time, data end place, e	INJURY OCC	URED  URED  URED  OF Rural Route	NLABLE PRIOR TO MPILETION OF CAUSE DEATH?  YES 2 NO  Number,  d menner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	Contributing to death  Ling Ling  BUTE TO CAUSE (  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY building, etc. (Sp.	but not resulting  OF DEATH YE  26. PLACE OF DEA  tipatient 3 □ DOA  28b. TiM  IN.  IY — At home, farm,  ecify)	In the underly  S NO IN (Check only of OTHER: 4 Nursing P E OF 28c. IURY M 1 street, factory, of other street, factory, of other street, factory, of other street, factory, or	UNCERTAII ne) Itome 5 Rasidence INJURY AT WORK? YES 2 NO Intica Interest of the place, and dua n, death occured at the	PERFO  1 YES  6 Other (Specify)  26d, DESCRIBE NOW  26t, LOCATION (Street City or Town, State to the cause(e) and mutime, data end place, a ABER	INJURY OCC	URED  URED  URED  SIGNED (Mo	MILABLE PRIOR TO MPILETION OF CAUSE DEATH?  YES 2 NO Number, Number, d menner se stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  CONTROL OF SIGNIFICANT CONDITIONS  DID TOBACCO USE CONTROL OF SIGNIFICANT CONTROL OF DEATH  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF D	DF DEATH YE  26. PLACE OF DEA  tipatient 3 DOA  28b. TiM  IN.  IY — At home, farm, ecity)  wiedge, death occurr on and/or investigation	in the underly  S NO IN (Check only of OTHER: 4) Nursing P 4 Nursing P 10 Street, factory, of on, in my opinion  Print)	UNCERTAII ne)  Nome 5 Rasidence INJURY AT WORK?  YES 2 NO  Interest of the place, and dua n, death occured at the  29c. LICENSE NUI	PERFO  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  28t. LOCATION (Street City or Yown, State  to the cause(e) and metime, data end place, a  ABER	INJURY OCC  and Number of the condition	URED  URED  URED  SIGNED (Mo	MILABLE PRIOR TO MPILETION OF CAUSE DEATH?  YES 2 NO Number, Number, d menner se stated.
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TO THE HUNG TO THE PUNE be filed within 7

TO THE COST WE CHARLE WIS PHYSICIAN: The law requires that the death certificate be executed within "Lours after death. Page 6 may be retained by the hospital or attending physician.

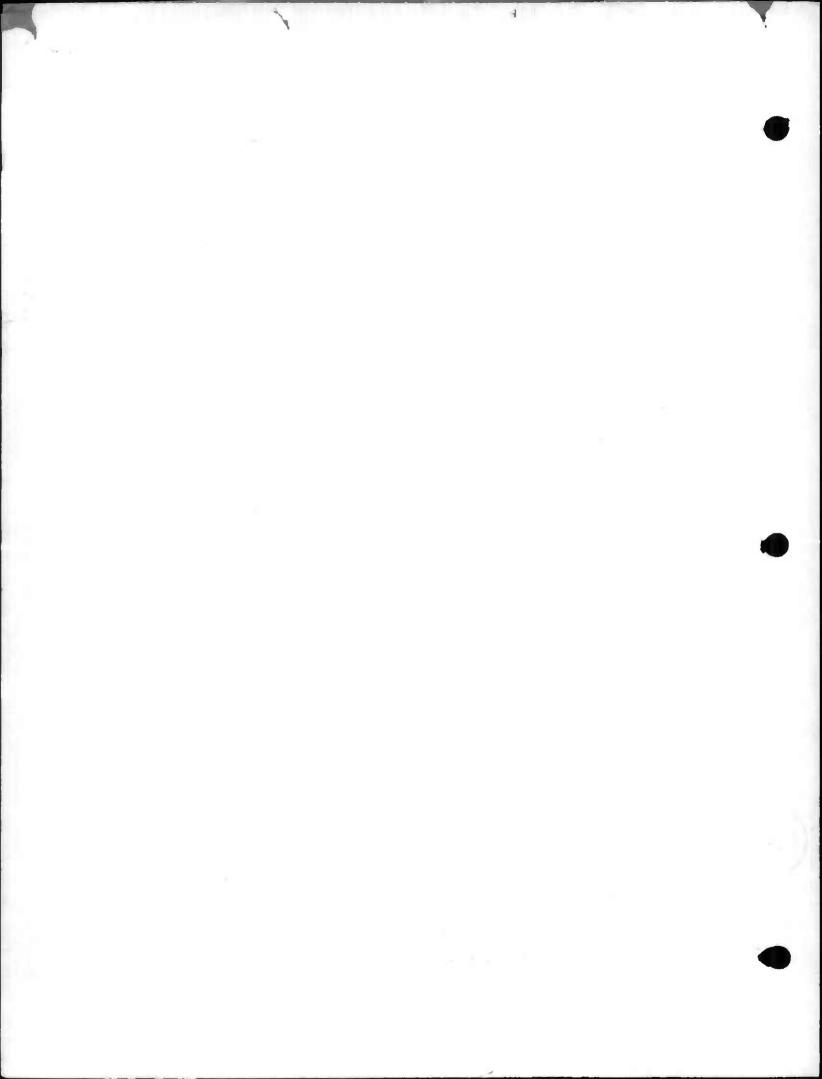
TO THE FINE UNITED. When this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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25.1	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH DAY		EAR 3. TIME OF DEATH
	DOROTHY  4. SOCIAL SECURITY NUMBER	#ICKS 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	UZry /		BIRTHPLACE (State or Foreign
	577-28-7402	¹ □ M 2XX 81		MONTHS DAYS	HOURS MIN.		Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF		1/, 1	9c. COUNTY	aryland of DEATH
DIRECTOR	GREATER BALTIMO	RE MEDICAL C	ENTER	TOW	SON			BALTI	MORF
EC	10a. STATE 10b. COUNT	гу	10c. CITY,	TOWN OR LOCA	ATION				10d. INSIDE CITY
	Maryland Balti	more County	Rodg	ers Fo	cge				1 TYES 2 THE
FUNERAL	100. A Down	D 1		10	H. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
NS.	100 A. Dumbarton	12. WAS DECEDENT EVER I	N U.S. ARMED	13 WAS DE	21212 CENDENT OF HISPA	ANIC OBICINE	/0 14 - M		I.S.A.
BY FI	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexic S 2 NO Spec	can, Puerto Ric	can, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
ED B	15. DECEDENT'S EDI	ICATION.	Division in the second		21				White
	(Specify only highest gradi		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m		16b. i	(IND OF BUS	INESS/INDUS	TRY
COMPLET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+	Biochem	ist		м	edical		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N				
8	Robert Cloud Se	<u>ip</u>	Test Manager		Sara I				
2	Ruth Ann Hicks Be	achler			Road. T				
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	201	PLACEANODATEOF	DISPOSITION (A		DATE			or Town, State
	4 Donation 5 Other (Specify)	D	ruid Ridg		JAN.	16	Pike	esvill	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSER			chell-Wi		ld Hon	)e	
	27 BARY V Entry the discourse	rece )		650	O York R	Rd. Bai	ltimor	e. Ma	ryland 21212
		List only one cause on e	d the death. Do no	t enter the m	ode of dying, su	ch ss cardie	c or respir	atory arrest	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	13-1	Rich	1 /10	Tack	L			Onset and Death
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	13/07	1 acce	ue			
NO	Sequentielly list conditions,	· TracTi	CONSEQUENCE OF	Heles	5	1			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	determent	1. 1.	10	enal Va	1/2	(1)		9
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	d10	en 11 va	SCUIO	w 913	به مروي که م	
Ä	resulting in death) LAST	d							
AL C	PART ii. Other significant condition	ns contributing to death b	out not resulting in	the underlyin	g ceuse given ir	Part i. 2	4a. WAS AN A		24b. WERE AUTOPSY FINDINGS
MEDIC							PERFORM		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 B	LACE OF OBATH (C				
PHYSICIAN:	EXAMINERS 1 1 YES 2 INO	HOSPITAL:		OTHER:	ne 5 🗆 Residenca		Specify)		
PH	27. MANNER OF DEATH  1 Nature 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c. IN	JURY AT ORK?			JURY OCCUR	EO
B	2 Accident Investigation	26a. PLACE OF INJURY	100	7 1 1 0	1111				
TED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spec	- X/-	eet, ractory, onto	ca .	281. LOCAT City or	ION (Street an Town, State)	d Number or F	tural Floute Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	fedge, death occurred	at the time, date	and place, and du	e to the course	(a) and mann	or so stated	
COMPLETED		ER: On the beals of exemination							use(a) and manner as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIE		6		29c. LICENSE NU	MBER	I	29d. DATE SI	GNED (Month, Day, Year)
5	36. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	ATH (ITEM 27) Gray D	de la la la la la la la la la la la la la	0-09	385	3	1//	12195
	Charles F.10	(porrol	(101)	108-K	12/5	Slave.	Rec	1/10	10/2/2 pul
	II. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURS		- ENDEZ!	7000			AMICI TAILIT
Ш	L JAN 1 7 1995 3	the Studen Res	fall						

DHMH-16 Rev 1/89



1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TIEGIOTITATI					OAIL	- 01	שבת			HEG. NO.			
	1. DECEDENT'S NAME (First									2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Mary Eli	zabeth								Jan		199		11:45 P M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Month	OF BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	219-30-53		1 🗆 M 2 🔀 F	87	YRS.						. 14,1			ginia
œ	16 1.11 16 1.1.1 16 1.1							OR LOCATI	ON OF DI	EATH		9c. COU	NTY OF DE	ATH
0	Meridian	MUITI-	Medical	Nursing	Cntr	T	owsc	n				Ba1	timor	e County
<u>ا</u> ي	10e. STATE	10b. COUNTY	1		10c. CITY	Y, TOWN O	R LOCAT	TION						IOd. INSIDE CITY
ᆲ	Maryland	Ba1t	imore Co	unty	A:	nnes.	lie							LIMITS?
A	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	ZEN OF WI	IAT COUNTRY?
E	519 Over	brook :	Road					21	212			U	SA	
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1	WAS DEC	ENDENT C	OF HISPAI	NIC ORIGIN	? (Specify Yee	or No-	14. RACE -	- American Indien, White, etc.
BY	1 Never Merried 2 3 Widowed 4 Olvo		IF YES, GIVE V	WAR OR DATES			YES	2 X NO	Specif	y:	weari, wee.)		Specify	
		EDENT'S EDUC	CATION	40. 05	OCOCNIZIO		201121			1000				White
COMPLETED	(Specify onl	y highest grade	completed)	(G	CEDENT'S live kind of w Do NOT us	vork done o	during mo	ost of working	ng	166.	KIND OF BUS	IINESS/INC	DUSTRY	
2	Elementary/Secondery (	1-12)	College (1-4 or 5	+)	memal						Own	Home		
8	17. FATHER'S NAME (First, M	liddle, Last)	o yea	5 1 110	memar	CIME		18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden			
	James Henr	ry Wils	son					Eur	nice	Eli:	zabeth	Ril.	99	
BE	19a. INFORMANT'S NAME (	Type/Print)		19	b. MAILING	ADDRESS	S (Street				er, City or Town			
2	Mrs. Alison	a W. Be	elli	5	19 0	verbi	rook	Roa	d, B	alti	more,	MD 2	1212	
	20e. METHOD OF DISPOSIT		ovel from State	20b. PLACE	AND DATE C	F DISPOS	ITION (Na	me of		DATE	20c. LO	CATION	City or Tow	n, Slate
	4 Donation 5 Other	(Specify)		cemetery, cre Lorr	aine	Parl	k Ce	mete	ry	1/1	7   Ba1	timo	re, M	aryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENREE			22.	NAME A	NO ADDRE	SS OF FA		1.1 11	_		
- 1	Martin	Card	Jawas	3							ld Hom Baltim		MD 2	1212
	23. PART I. Enter the d	Iseesee, or c	complications the	t caused the de	eth. Do n	ot entar	the mo	de of dy	ing, euc	h as card	liac or respi	ratory an	rest,	Approximata
	shock, or h	aart fsiiura.	List only ona cau	use on asch line	t.									Interval Between Onset and Death
	disease or condition resulting in death)		Ponue	monia										few degra
i	resulting in datatil)		u.	(OR AS A CONSE	OUENCE OF	F):								weeks
z	Sequentially list conditions,										weeks			
Ĕ	if any, leading to immediate cause. Entar UNDERLYING										1111			
CERTIFICATION	CAUSE (Disessa or inju		c	(OR AS A CONSE	BEQUENCE OF):						-		-	
Ē	that initiated events resulting in death) LAS	т		(		,						- /		İ
S			d									1		1
AL	PART II. Other significa	ent condition	s contributing to	death but not i	resulting i	in the un	derlyin	g causa (	given In	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
EDICAL											1   YES 2	MO		COMPLETION OF CAUSE OF DEATH?
ME												•	,	YES 2 NO
ä	DID TOBACCO		CONTRIBUTE	TO CAUS	SE OF	DEAT	H Y	ES 🗆	NO	7				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only on	0)			
IYS	1 YES 2 NO		1 Inpetient 2			4 X Nun	sing Horr		eldence	6 Other				
		Pending	28e. OATE OF (Month, E	Pay, Year)	28b. TIMI INJ	URY	28c. INJ WC	PRK?	□ NO	28d. DES	CRIBE HOW II	NJURY OC	CURED	
à	2 Suldido	Investigation	28e. PLACE C	F INJURY At ho	me, term, a	treet fact				281 1.00	ATION (Street e	and Number	or Rumi Bo	uta Alumbar
	4 Homicide	Could not be determined	building,	etc. (Specify)			ory, orne	7			or Town, State)	ing Humber	or rigial no	ore Number,
COMPLET	29e. CERTIFIER 1 CERT	LIEVING BUVEI	CIAN: To the heat of	les benedada de										
₹			CIAN: To the best of											end menner ee stated.
ဗ ူ	29b. SIGNATURE AND TITLE										end place, en			
닒	296. SIGNATURE AND TITLE		$\wedge$	1 705					BSB.			29d. DAT	E SIGNED (	Month, Day. Year)
၉	30. NAME AND ADDRESS O		O COMPLETED CAU		M 27) /Time	Print)		201	יע כ ט	<u> </u>			-113	195
	G. Willia						harl	les S	tree	et, T	owson,	Mar	yland	1 21204
	31. DATE FILED (Month, Day,	Year)	/ . 32. REGISTR	AR'S SIGNATURE						_				
	JAN TAN L	195 A	ali d'avolu	erhardall										
		-												

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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 January Lulu M. Jacobson 10:40 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN (Month, Dey, Year) Aug. 29,1921 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 217 22 8279 1 M 2 XF 73 DAYS Kentucky Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospital Association Glen Burnie Anne Arundel 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore permit. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 318 Cresswell Road 21225 burial-transit U.S.A. Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-tran 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried B 1 YES 2 X NO Specify: 3 🔀 Widowed 4 🗌 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 8 +) COMPL Housewife Home Maker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charlie Smiddy Mary Taylor 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Sadie Walters 311 Cresswell Road Baltimore, Maryland 21225 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Metro Crematory, Inc. 1/16 Baltimore, Maryland medical examiner 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. George J. Gonce Funeral Home P.A. and completely filled in by the 1 burial, cremation, or removal. 4001 Ritchie Hwy. Baltimore, Md. hours after 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura kist only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): Obstrutive lung resulting in death) unknow traumatic event, CERTIFICATION Sequantially list conditions, prior to l If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Dementia other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST Supravontricu ancia Unknow 0 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? been signed by the MEDICAL shows any 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) Dept. HOSPITAL OR ATTENDING PHYSICIAN; The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER: 1 YES 2 1 NO impatient 2 - ER/Outpatient 3 - DOA 4 🗆 Ni ng Home 8 - Residence 8 - Other (Specify) 9 27. MANNER OF DEATH 280. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 3 Suicide DIRECTOR: A hours after de COMPLETED 8 Could not be 28 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 \_\_ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(e) end menner se stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE MD Jan 14th 1995 D44973 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gurmeet Sawhney. M.D. 325 Hospital Dr. #202 Glen Burnie, MD 21061 82 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the manual by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSIC. The formulation has the death certificate be executed with the completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the second has a should be filed within 72 hours after death with the second has a should be detached be filed within 72 hours after death with the second has a should be detached by the marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TECORDS, P.O. BOX 68760,

DIVISION OF

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF I					DEAT		MENTAL HYGIE BEG. N			
	1. OECEDENT'S NAME (First, Middle, Las	L,		JUN					2. DATE OF DEATH	1"199	5 YEAR	3. TIME OF DEATH 6:45 am
	4. SOCIAL SECURITY NUMBER	5. SEX						24 HRS.	7. DATE OF BIRTH	1 100		IPLACE (State or Foreign
	216-46-2635	1 🗌 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 3	.191	Countr	aryland
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY	r, TOWN C	R LOCATION	ON OF DE		_	UNTY OF D	
OR	Saint Joseph Hos					Tow	son,	Mary	land	more		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c. CIT	Y, TOWN (	OR LOCAT	ION					10d. INSIDE CITY
E	Md.	Baltimo	re		Tov	vson						LIMITS?
FUNERAL	100. STREET AND NUMBER 800 Southerl	y Road,	Apt. 1	515			ZIP CODE				TIZEN OF V	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR	MED IO		If yes, spi	ENDENT C	F HISPAN	IC ORIGIN? (Specify 1, Puerto Rican, etc.)		14. RACE	E — Americen Indian, k, White, atc.
COMPLETED	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	(G/	CEDENT'S	work done	during mo	N st of workin	ng .	16b, KIND OF I	USINESS/IN		Lee
J.E.	Elementery/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	ŕ							
OMI	17. FATHER'S NAME (Eirst, Middle, Last)	<del>1</del> 3	H	ome	nake	er	16 MOTE	IFR'S NAI	Own ME (First, Middle, Maid	Home		
BE C	MAURICE Morris T. L	usby SR							an C. E	,		
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a			loute Number, City or 1			
F	Robert D. C	$heel_{,JR}$		908	Sto	rmo	nt (	Circ	le, Bal	timo	re,	Md. 21227
	20a. METHOD OF DISPOSITION  1	imoval from Stata	20b. PLACE A cemetery, cre-	matory or o	ther plece)					LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			20	BLABAT AN	D ADDDE	OF PAC	MI PPM			7111e.Md.
	181:46				ns E	rad	ley-	-Ash	ton Fun	era1	Hon	ne, Inc.
	23. PART I. Enter the diseases, o	r complications the	DOOO8 It caused the de	ath. Do i	not enter	134	de of dyl	ng, such	Spring	Rd .	Ba 1	to Md
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. List only one car	uae on each line					120000				Interval Between Onset and Death
	resulting in death)	- PANCE	CATIC CA	RCIN	OMA	WIT	H LIVI	ER M	ETASTASIS			UNK
N	Sequentially list conditions,	b										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	PUENCE O	F):							
임	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSEC	DUENCE O	F):			_				
F	resulting in death) LAST	d										
	PART II. Other algnificant conditi	ons contributing to	death but not re	eauitino	in the ur	nderlying	Cause C	ilven in i	Part I 24a WAS	AN AUTOPSY	245	WERE AUTOPSY FINDINGS
ICAL						. activities	, 02230 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERF	ORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED									1 YES	2 NO NO		OF DEATH?
ä												_ ^
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
ΥS	1 VES 2 NO	1 Inpetient 2	ER/Outpetlant 3	DOA 28b. TIM	4 🗆 Nur			aldenca	6 Other (Specify)			
	1 Natural 5 Pending	(Month, E			URY M	WO	RK?	NO	28d. DEŞCRIBE HOY	FINJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE C	OF INJURY — At hor	me, farm,	street, fact				281. LOCATION (Sire		or or Rural F	loute Number,
COMPLETED	4 Homicide determined		are. (Specify)						City or Town, Sta	10)		
PLE	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the best of	l my knowledge, de	ath occurr	ed at the t	ilme, data	and place,	and due	to the cause(a) and n	anner aa sta	rted.	
Š	one) 2 MEDICAL EXAM	NER: On the basis of a	examination and/or I	nveatigatio	n, in my c	opinion, de	eath occur	ed at the t	time, date and place,	and dua to t	he cause(a	) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	IER O	1014				29c. LICE	NSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
10	30 NAME AND THE PROPERTY OF THE PARTY OF THE	1 1	rich le	1 1	NIE		D 41	410			01-	11.95
	JOGINGER P. MEI	HTA, M.D.,				WS	DN. M	D. 21	204			
	31. DATE FILED (Month, Day, Year)		ARY GIGNATURE				- 1 4 14			*-		
	JAN 1 7 1995 8	and an imperior										

9	ctor,	
Page	dire	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with moreons and many Page 6 m	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director,	j
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ICIA	sertifi	the
PHYS	this	with
DING	After	death
E	10R:	after
OR AI	OIREC	hours
A	A	2
HOSP	FUNE	within
뿚	뿚	filed

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Pages 1, 2, 3 permit. page 5 should be detached for use as the burial-transit be notified at once. must examiner medical 8 # cremittion. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, of Health and Mental Hygiene prior to burial, the State Dept. death with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First 2. DATE OF DEATH 3. TIME OF DEATH JAN 99 10:45 m 4. SOCIAL SECURITY NUMBER F BIRTH Day, Year) 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 05-138 bouth arclina FACILITY NAME (# TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR mor 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO FUNERAL 10e. STREET AND WHAT COUNTRY? 10g. CITIZEN OF 10f. ZIP CODE 2 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cubpn, Mexican, Puerio Rican, etc.)
 T YES 2 MO Specify: 14. RACE — American Indien, Black, White, atc. PRCES? 1 YES 2
YES, GIVE WAR OR DATES 2 1 Never Married BY 3 Widowed 4 Divo 8 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
life. Do NOT use retired.) (Specify only highest grade comp COMPLET ge (1-4 or 5+) y/Secondary (0-12) parer 17. FATHER'S NAME (First, Middle, BE Georgian 2 orgiano 20a. METHOD OF DISPOSITION 1 Brulal 2 Cremation 3 🗆 🛭 4 ☐ Donetion 5 ☐ Other (Specify) 22. NAME AND ases, or com ications that ceused the death. Do not enter the mode of dying, such Approximata Interval Batween art fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Oneat and Death disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO [ UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C) 1 VES 2 NO OTHER 8 Other (Specify) 27. MANNER OF DEATH TIME OF 29c, INJURY AT WORK? 29d. DESCRIBE HOW INJURY OCCURED BY 1 YES 2 NO Accident Sulcide COMPLETED 28f. LOCATION (Street and Number of Rural Route Number City or Rein, State) 6 Could not be 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the beels of exemin-29b. SIGNATURE AND TITLE OF CE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month BE 2



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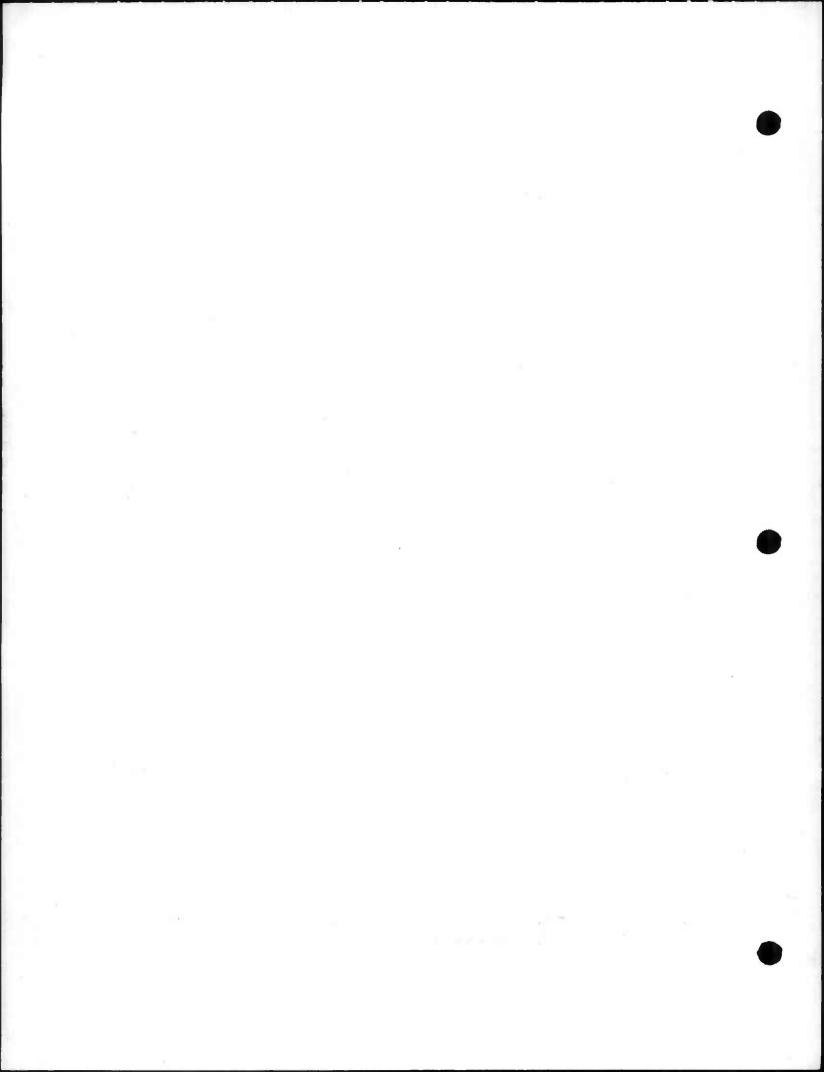
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAN	D / DEPAR					MENT	AL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEA	ATH
1	Henrietta				Johns	son			Jar	uary	10.	1995	6:42	рм
1			. AGE (in y	s. lest birthday)	IF UNDER	-	IF UNDER		7. DAT	E OF BIRTH	10.		PLACE (State or	Foreign
1	220 21 017	☐ M 2 💢 F	9	93 YRS.	WONTHS	DAYS	HOURS	MIN.		. 13,	1901		YLAND	
OT.	ae. FACILITY NAME (If not institution, give street	t and number)			9b. CITY	, TOWN	A LOCATIO	ON OF DI	EATH		9c. COU	INTY OF D	EATH	
DIRECTOR	North Arundel Hospi	tal Asso	nciat	ion	Gle	n B	urnie	2			An	ne Ar	rundel	
3EC	10e. STATE 10b. COUNTY				Y, TOWN C	R LOCA	ION	_					10d. INSIDE CIT	γ
	MARYLAND ANNE	ARUNDEL			GL	EN	BURN	IE					LIMITS?	NO
FUNERAL	10s. STREET AND NUMBER					101	. ZIP CODE	Ē			10g. CIT	IZEN OF W	HAT COUNTRY?	
Ä	1543 BROOKHILL	TERRACE					210	<b>-</b> -				USA.		
F	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	EVER IN U.S YES 2	S. ARMEO	13. 1	WAS DEC	ENDENT O	F HISPAI	NIC ORIG	IN? (Specify Yorks)	s or No—	14. RACE Black	— American Inc., White, atc.	llen,
ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAS	OR DATES	3	1	YES	2 A NO	Specif	y:	, , ,		Spech	fy:	
	16. DECEDENT'S EDUCAT	ION	184	. DECEDENT'S	USUAL OC	CUPATIO	ON		16	b. KIND OF BI	USINESS/INI	BLA	UK	
ET	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)		(Give kind of life. Do NOT us	work done one retired.)	during mo	at of workin	g			0011120071111	Josini		
MPL	UNKNOWN			HOMEM	IAKER					OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NA	ME (First,	Middle, Maide	n Surneme)			
BE (	THOMAS	AULTON					MART	HA			HA	RRIS		
5	19e. INFORMANT'S NAME (Type/Print)									nber, City or To		,		
		SSELL				_		NUE,	BA.	LTIMOR				
	20g. METHOD OF DISPOSITION 1	t trom State	20b. PLA	CALVA	OF DISPOS	ITION /No	me of		OA.		OCATION -			
	4 Donation 5 Other (Specify)	SEE O	I MT.	CALVA			LKY D ADDRES		114	-9 <b>4</b> G	LEN E	SURNI	E, MARY	LAND
	- (Na D	0.6	~		JO	SEPH	IH.	BROV	N J	R FUNE			P.A. , MD. 2	1223
	23. PART i. Enter the diseases, or com	pilcationa that o	eused the	death. Do r	not enter	tha mo	de of dyle	ng, suc	h aa car	dlac or rear	dratory an	rest.	Approxin	
	ahock, or heart fallure. Lies IMMEDIATE CAUSE (Final	only one cause	on each	iine.									interval I	Between
	disease or condition resulting in death)	Arteu	D.CCR	ewhi	CAVI	3100	OT C	har	D	Heery	1		Onset an	7/
	resolving in death) P a			NSEQUENCE OF					-				-	1-
Z	Sequentially list conditions, b.													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A COI	NSEQUENCE OF	F):									
5	CAUSE (Disease or injury C	OUE TO (O	R AS A COL	NSEOUENCE OF										
Ē	that initiated events resulting in death) LAST	00E 10 (0	n no n cor	13EOUENCE OI	-):									
E	d													
AL	PART ii. Other aignificant conditions conditions	ontributing to de	ath but n	ot resulting I	n the un	derlying	cause g	iven in	Part I.	24a. WAS AI	AUTOPSY		WERE AUTOPSY I	
MEDICAL								7.	_	1 TYES			COMPLETION OF OF DEATH?	
ME												- 1	1   YES 2	МО
PHYSICIAN:	DID TOBACCO USE CONTRIB	UTE TO CAU					UNC	ERTAIN	10					,
5		GEPITAL:		PLACE OF DEAT	OTHER									
IYS	1 TYES 2 NO 127. MANNER OF DEATH	Inpetient 2 - E			4 🗆 Nurs	ing Hom		sidence	8 🗆 Oth	er (Specify)				
	1 Netural 5 Pending	28s. DATE OF IN (Month, Day,		28b. TIM	URY	28c. INJI	PK?		28d. DE	\$CRIBE HOW	INJURY OC	CURED		
BY	2 Accident Investigation 3 Suicide 6 Could as be	28e. PLACE OF I	M II IDV _ A	t home form a	dunet feete	1 🔲 Y		NO	201.10					
9	4 Homicide 8 Could not be	building, etc	. (Specify)		Areet, rectu	rry, unite			C/fy	ATION (Street or Town, State	end Number )	or Hural Ho	oute Number,	
COMPLET	29a. CERTIFIER STATE CERTIFYING BUYERGAN	to To the board of		=700				1-35//3	1-21					
₽ B	(Check on 2)  296. CERTIFIER (Check on 2)  2 MEDICAL EXAMINER: O	n the basis of exam	Knowledge	, death occurre	nd at the tir	me, date	end place,	end due	to the ca	use(e) end ma	nner as stat	ed.		555.
	296. SIGNATURE AND/TITLE OF CERTIFIED					J				i and place, e			1111	
8	Taw you kit	var 1	w				29c. LICE!	MSE NUN	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
<u>۵</u>	30. NAME AND ADDRESS OF PERSON WHO EX	OMPLETED CAUSE	OF DEATH	(ITEM 27) (Type	Printi		1 -0 6	000	4			100/	1	
		M D				la .		1100	/	01 -				
	31. DATE FILET (Month, Day, Year)	M REGISTRAR'S	MEIGNATUR	Crain	HIG	nway	, SW	,#60	11,	ilen B	urnie	, Ma	ryland.	2106
	JAN 17 1995 Julia	divoler	ardelle											

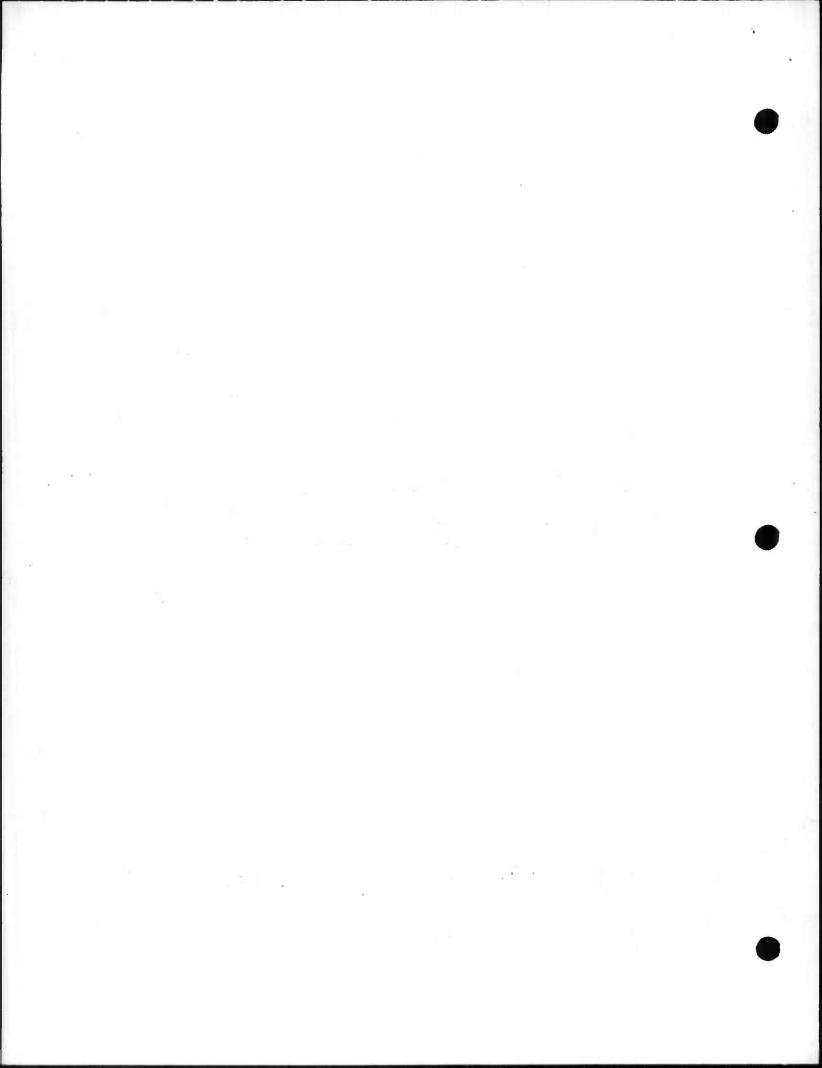


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR AUTENDING PHY TO THE FUNERAL DIRECTOR. After this be filed within 72 hours after death wit IMPORTANT: If Nem 28 Is marke

PHYSICHAY: The law requires that the deam certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		1, 2, 3 should	
ritralutary: The law requires may the leadin cerunicale be executed within 72 hours after death. Page 6 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		permit. Pages	
ritroliculum. The law requires that the learn certificate be executed within the form of the form of the hospital or attending this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the with the State bept. or Health and Mental Hygiens prior to burial, cremation, or removal.	physician.	burtal-transit	
PHYSULAN: The law requires that the easth certhbale be executed without after death. Page 6 may be retained by the hospital this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached 1 with the State bept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I or attending	or use as the	
ritholoum: The law requires that the death certhicate be executed within-124 hours after death. Page 6 may be retained this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should with the State begin of Health and Mental Hygines prior to burial, cremation, or removal.	y the hospita	be detached i	op one
ritiolouvi. The law requires that the death certificate be executed within-724 hours after death. Page 6 may this certificate has been signed by the attending physician and completely filled in by the funeral director, pay with the State Dept. of Health and Merital Hyghere prior to burial, cremation, or removal, or removal.	be retained 1	age 5 should	belillad at
ritisioum: the law requires that the beam certificate be executed within-24 hours after death this certificate has been signed by the attending physician and completely filled in by the fune with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. And or than 25 shows any injury as other trainingtle asset the medical evane.	. Раде 6 тау	ral director, pa	loar much
ritrolount: the law requires that the beam certificate be executed within-zh hou this certificate has been signed by the attending physician and completely filled it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or with the Tas shows any Inliny or other trainmate event the mis.	rs after death	n by the fune	odlesi evam
retroiculvi: The law requires that the deam centificate be executed this certificate has been signed by the attending physician and contwit the State Dept. of Health and Mental Hygiene prior to burial, with the State Dept. of Health and Mental Hygiene prior to burial, and on them 23 shows any Inlinity or other fraumatic and	WITHIN ZA DOU	pletely filled i	ment the m
THYSICIAN: The Taw Requires mat the death deribrate this certificate has been signed by the attending physician that the State Dept. of Health and Mental Hygiene profest or them. 23 ethnice any Inlinity or others in	De executed	ician and corrior to burial.	rammatic or
"HYSICIAN: The law requires that the de this certificate has been signed by the a with the State Dept. of Health and Men tent. or Item 23 shows any Inline	am ceruncate	ttending phys	or other
"HYSICIAN: The law require this certificate has been significate best of He with the State Dept. of He tent or them 23 chows	es that the de	and by the a	Culoi voc
this certificate with the State	ne raw requir	e has been si	m 23 chows
	HYSICIAN:	this certificati with the Stat	ked or its

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)	DIANG			2. DATE OF DEATH MONTH DA	Y 100 F YEAR	3. TIME OF DEATH				
	SHIRLEY  4. SOCIAL SECURITY NUMBER	DIANE  5. SEX  6. AGE (	JACKSON In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	JAN. 6	1995	NPLACE (State or Foreign				
	219-40-7183 so. FACILITY NAME (If not institution, give at	1 🗆 M 2 🙀 F	51 YRS.	HTHE DAYS HOURS MIN.	(Month, Day, Year) APRIL 13,	1943 MA	RYLAND				
Ä		ROAD	91	BALTIMORE		9c. COUNTY OF I	DEATH				
DIRECTOR	RESIDENCE OF DECEDENT			DALITIONE		Π/Λ					
IRE	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY LIMITS?				
	MARYLAND  10a STREET AND NUMBER	N/A		BALTIMORE 101, ZIP CODE	CITY		1 XYES 2 NO				
IERA	6822 CAMPFIELD	ROAD		21207		USA.	WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1  Never Married 2  Merried 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, atc.)	or No — 14. RAC Blac Spec	E — American Indian, ok, White, etc.				
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BUS		ACK				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	IOO. KIND OF BOS	HNESS/INDUSTRY					
MPL	12th GRADE	740.0	FOOD CONG	CESSIONAIRE	SELF-	EMPLOYED					
CO	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden	Surneme)					
BE		SMITH		MARG		BRICK	US				
2	190. INFORMANT'S NAME (Type/Print)  APRIL JACK	SON		ORESS (Street and Number or Rura AMPFIELD ROAD,			ID 21207				
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remo	20b.	PLACE AND DATE OF D	ISPOSITION (Nama of		CATION — City or T					
	4 Donetion 6 Other (Specify)	A	etery, cremetory or other RBUTUS CI	EMETERY	1+11-95 AR	BUTUS, M	IARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D	)	JOSEPH H. BR	OWN JR. FUN		· ·				
	23. PART I. Enter the diseasee, or c	omplications that ceused	the deeth. Do not	enter the mode of dying, su	ch se cerdiec or respir	ratory srrest,	Approximets				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. DUE TO (OR AS A	A	Brevat Conci	nova		interval Between Onset and Daath				
TION	Sequentially list conditions, if any, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
E		f									
MEDICAL	PART II. Other algnificant conditions		Bow (		Part I. 24a. WAS AN PERFORE	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	DID TOBACCO USE CONTR	DIDLITE TO CALIER O	E DE ATH VEC				1 TYES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH (								
SIC	EXAMINER?	HOSPITAL:		THER:  Nursing Home State Residence	8 ☐ Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE NOW IN	JURY OCCURED					
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9	290. CERTIFIER	MANUTE MANUEL MA									
COMPLETED				t the time, date end place, end du n my opinion, death occured at the			e) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	22.	-4.4	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)				
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Clifford E. Johnson Jan 15, 1995 1032 P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 717-12-5942 1X M 2 | F 78 DAYS HOURS MIN. YRS. 28,1916 Washington, DC March should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Fairfield Nursing Center Crownsville Anne Arundel 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Crownsville MD permit. 1 YES 2 X NO FUNERAL 10e STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 1454 Fairfield Loop 21032 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced 1943-45 White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Supervisor Exxon 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Axel E. Johnson Grace Lantz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Christine Johnson Vineyard Trail, Annapolis, Md 21401 2 20a. METHOD OF DISPOSITION

| Burlel 2 | Cremetton 3 | Removal from State
| Donation 5 | Other (Specify) \_\_\_\_ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Maryland Veterans Cem. 1/19 Crownsville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis. Md 21401 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, medical Approximats shock, or heart failure. List only one ceuse on each line. interval Between 0 **IMMEDIATE CAUSE (Finsi Onset and Death** the disease or condition PULMONARY DISEASE · CHAONIC OBSTRUCTIVE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to l if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t shows any RETENTION. HYPONIA LRINALY 1 TES 2 100 OF DEATH? MALNUTRITION 1 YES 2 NO been t. of ! DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER:
412 Nursing Home 5 - Residence 6 - Other (Specify) 1 - YES 2 1 10 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY with 1 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 29e. CERTIFIER (Check only Check only PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(a) and menner as stated. TO THE FUNEBAL ID BE filed within 72 h 2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. тты от септинея 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER D38958 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print).

DALTEET SINGH SIDHK, 1413 ANNAPOLIS RD #106, ODENTOH MD 21113 DALTEET

JAN 17 1995

32 REGISTRAR'S SIGNATURE

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	-				-	DEATH	2. DATE	OF DEATH		3	TIME OF DEATH
		Steven I Jame	5						MONT	MONTH DAY YEAR			1245A M
- 1		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE				ACE (State or Foreign
_ 1		219-66-6215	1 🔀 M 2 🗌 F	39	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)	Hd
pone		9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF D	1 2 2 2 7	W 20,		Y OF DEAT	
77	e e	University +	tospital			B	a H	•)					
	5	RESIDENCE OF DECEDENT											
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Bunda		1 Never Married 2 Merried	FORCES? 1	YES 2 N		10	yes, sp	ecify Cuben, Mexico	an, Puerto I	o Rican, etc.) Black, W			American Indian, hite, etc.
<u> </u>		3 Widowed 4 Divorced	IF TES, GIVE W	H OH DATES		1	∐ YES	2 NO Specif			Specify:	Black	
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9 es	MP	11th							1etro	polit	un	Service	
000	8	11111	-					16. MOTHER'S NA	AME (First, I	Middle Melden	Sumeme)		
	B		imes					Maria	un	Giles			
off of		190. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS (	(Street a	nd Number or Rural	Route Numi	per, City or Town	State, Zip C	ode)	
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		23. PART I. Enfer the diseases, or o shock, or heart fellure.	complications that List only one caus	caused the de e on each line	eth. Do n	ot enter t	he mo	de of dying, suc	ch as card	llac or respi	ratory arres	t,	Approximate interval Between
		IMMEDIATE CAUSE (Final	0 1	_									Onset and Death
emati		resulting in death)	. Pulma	many En	abolu	5							
al. c			DUE TO (	OR AS A CONSEC	DUENCE OF	7):							
natic	O	Sequentially list conditions,	DUE TO (	OR AS A CONSEC	UENCE OF	٦٠							
traur traur	TA.	cause. Enter UNDERLYING	(		JEHOL OF	<i>j</i> -							
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ury,		PART II Other elevisions are dele-											
y Pul	<u>₹</u>	PART II. Other significant condition	s contributing to d	leeth but not re	esulting i	n the und	lerlying	g ceuse given in	Part I.				RE AUTOPSY FINDINGS
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the State Deg.	SICIAN:	EXAMINER?	HOSPITAL:			OTHER:							
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arked a		Natural 5 Pending	(Month, Day		INJ		WO	RK? ES 2 NO	204.004	CHIDE HOW II	JOH! OCCO!	1ED	11.74
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tem 28 is	LETED	3 Suicide 8 Could not be 4 Homicide determined	building, at	IC. (Specify)		4			City	or Town, Stete)			
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STATE OF THE PROPERTY OF THE P	The Health and Memial Hygiene prior to burial, cremation, or remoral, more than the second second second to the second se	If we health and Mental Hygiene prior to buried, creamation, or removal.  If we health and Mental Hygiene prior to buried, creamation, or removal.  If who we any Injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  2   9 - FACILITY NAME (If not institution, give s  90. FACILITY NAME (If not institution, give s  100. STATE  100. COUNTY  11. MARITAL STATUS  12. Nover Married  13. Nover Married  14. Nover Married  15. DECEDENT'S EDUI (Specily only highest grade  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)  190. INFORMANT'S NAME (Type/Print)  190. INFORMANT'S NAME (Type/Print)  200. METHOD OF DISPOSITION  1 Donetton 6 Other (Specily)  21. SIGNATURE PF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or cashock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  DID TOBACCO USE CONTE	Decrease of the political part of the politi	4. SOCIAL SECURITY NUMBER  2. 19 - (L - C215   18 M 2   F   3 9  9. FACILITY NAME (II not institution, give street and number)  10. STATE  10. COUNTY  10. STATE  10. COUNTY  10. STATE   10. COUNTY  10. STATE   10. COUNTY  11. MARITAL STATUS  15. Never Merried 2   Merried  3   Widowed 4   Divorced  15. DECEDENT'S EDUCATION  (Specify only highest price completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Lest)  17. FATHER'S NAME (First, Middle, Lest)  18. DETECTION 1   19. DETECTION 1   19. DETECTION 1   19. DETECTION 1   19. DETECTION 2   19. DETECTION 2   19. DETECTION 3   Removal from State   20. 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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH ANNETTIE GRACE ANNETTE JARVIS JAN.12,1995 18:04 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Month, Day, Year) 9/22/1930 DAYS HOURS 232-50-8072 1 M 2 X 64 YRS. West Virginia Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF CEATH DIRECTOR HOPKINS BAYVIEW ER BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 🗌 YES 2 🔯 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 7800 St. Gregory Drive 21222 U.S.A. retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 100 BY Specify: Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8th Caregiver Self employed once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE Martin Luther Conrad Gertrude Elmira Hamrick notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Staggs 1516 Eagle Rock Read Wendell Page 6 may be North Carelina 27591 Pe 20a. METHOD OF DISPOSITION
1 General Disposition Community of the State Community of the Co 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must Hilltop Service Corp. 1/16/95 Towson Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dilles hours after death. Duda-Ruck Funeral Home of Dundalk, Inc. Johnny 7762 Wise Avenue n and completely filled in by the to burial, cremation, or removal. Dundalk, Maryland 21222 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, atlock, or heart feilure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition Sotos tenosc event, resulting in death) requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician ntal Hygiene prior to other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 been signed by the atte PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY any 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO □ UNCERTAIN □ PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) tem th the State HOSPITAL: OTHER: 1 X YES 2 NO 1 ☐ Inpetient 2 XER/Outpetient 3 ☐ DOA Home 5 ☐ Residence 6 ☐ Other (Specify) 6 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH with t 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? marked, Natural 1 YES 2 NO After 1 death BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide 8 Could not be DIRECTOR: COMPLETED 4 Homicide detarmined 28 item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h itk only HOSPITAL MEDICAL EXAMINER: mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME JAN. 13, 1995 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OGKE 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

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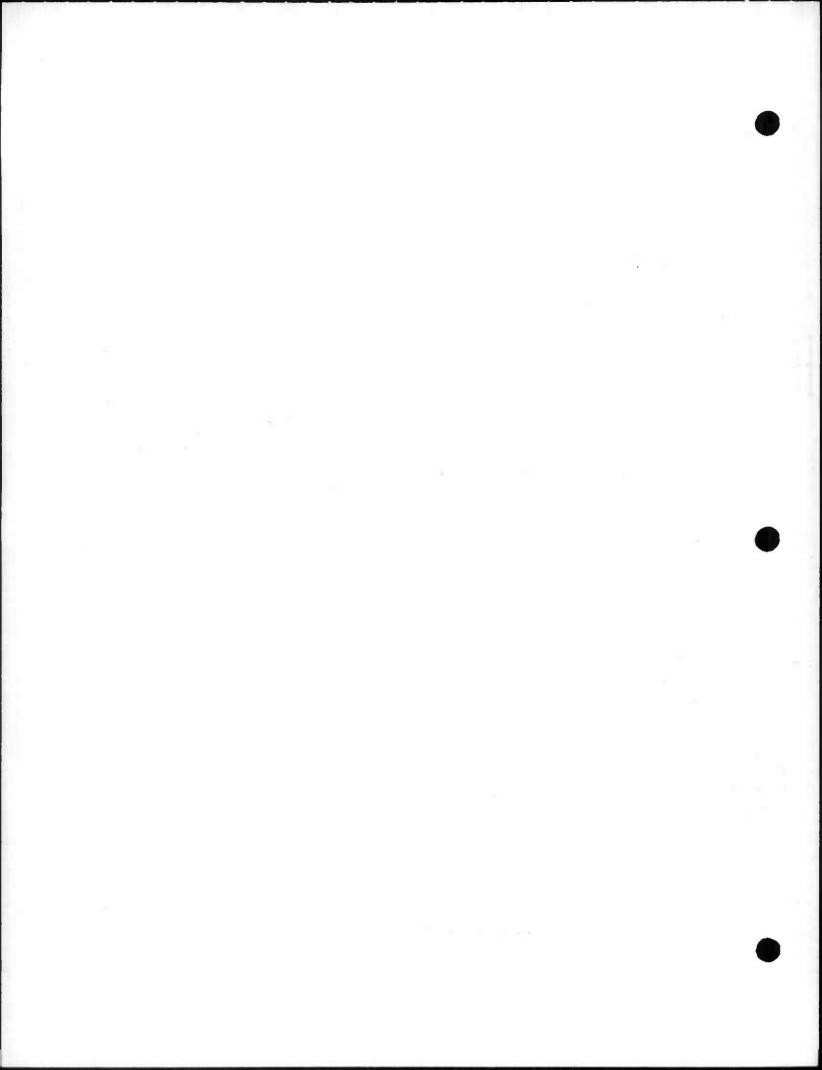
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## Sphelia Jackson STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	Ophelia	Inaka	on		MONTH		1995	FAR	IME OF DEATH	
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	7.14			0 77 11	
рį		216-58-0688	1 D M 2 X F		MONTHS DAYS	HOURS MIN.	(Month	Day, Year)		Country) Mary	E (State or Foreign	
shou	œ	9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
. 2.	DIRECTOR	744 W. Saratoga Street Baltimore City										
Sage	REC	10s. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LOCA	TION				10d.	INSIDE CITY LIMITS?	
st permit. Pages 1. 2, 3 should		Maryland				Balti	more	City			YES 2 NO	
	FUNERAL	10e. STREET AND NUMBER	10	10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
020 physician. burial-transit	NE.	744 W. Saratoga Street  11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. AR			21201 MED 13. WAS DECENDENT OF HISPANIC OR				USA  IIGIN? (Specify Yee or No			
DO20		1 Never Married 2 Married	2 XNO II yes, specify Cuban, Maxie ATES 1 YES 2 NO Spec			sn, Puerto Rican, etc.)		U NO I	Black, White, atc. Specify:			
5-0 anding as the	D BY	Black								Black		
YLAND 21215-0020 by the hospital or attending physician, be detached for use as the burial-tran at once.	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during me	ON ost of working	16b.	KIND OF BUS	SINESS/INDUS	TRY		
	2	Elementary/Secondary (0-12)	College (1-4 or 5+)		,	Operato	r	Tele	nhon	e Co	mpany	
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)			phone	18. MOTHER'S NA				C 001	припу	
₩ 8 € €	BE		Unknown"	Jackson		011o		Unkno			liams	
MARYLAND retained by the hospit 5 should be detached notified at once.	2	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural					0.1	
		Travonne S. Fe		J44 W		toga St	7		ATION — City			
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		20e. METHOD OF DISPOSITION  1	oval from State Cell	netery, crematory or or	her place) CMator	v Tnc	1/14					
Page ral din	- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSPEC 22. NAME AND ADDRESS OF FACILITY										
death. Page funeral dis	ᆈ	George E. MacNabb				Cremation Society of Md., Inc. 299 Frederick Road Balto., MD 21228						
F > E 3		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest,										
T of ir		ahock, or heart fellure. List only one cause on each line.  Interval Between Oneat and Death										
68760 secuted within and completely burial, crema natic event,		disease or condition resulting in death) s. Acquired Immunodeficiency Syndrome Byrs  DUE TO (OR AS A CONSEQUENCE OF):										
	_	DUE/TO (OR AS A CONSEQUENCE OF):										
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
BOX ficate be en physician and prior to	<u>8</u>	CAUSE (Disease or Injury										
. 2 0 2 2	F	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
C fa fa a	E G	d										
	¥	PART II. Other algnificant conditions contributing to deeth but not resulting in the				g cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED?			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
() % 5 8 v	EDICAL						-	1 TYES 2 NO			OF DEATH?	
Sen sel	Σ	DID TORACCO LISE CONTI	PIRLITE TO CALISE C	OF DEATH YE	SINOF	7 LINICEDTAI	N [2]			1 🗆	YES 2 NO	
Par sa Par Cop Cop Cop Cop Cop Cop Cop Cop Cop Cop	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S.  26. PLACE OF DEATH (Check only one)										
VITA IAN: The trificate h e State [ or Item	Sic	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
NA PROPERTY	РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)					28d. DESCRIBE HOW INJURY OCCURED				
	B⊀	1 Neturel 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)			M 1 YES 2 NO						
		3 Suicide 8 Could not be detarmined			trest, tectory, offic			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
1 H 5	Ē	29a. CERTIFIER 1 1 CEPTIEVING PHYSICIAN, To the hand of										
	COMPL	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  Check only  Description  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
THE FOR	S I	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
THE OT THE DE MIND OF	0 10	Robi Will, m.D.										
	F	10 NAME AND ADDRESS OF DEATH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert J. Marshall, M.D. Tower 110 Johns Hopkins Hospital Bult., MD 2287										
1		Kobert J. Marshall m.D. Tower 110 Johns Hopkins Hospital Balt, no 21287										
		JAN 1 7 1995 A	THE REPORT OF THE PARTY OF THE	TATE .					,			

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B.K.S

ITEMS: 23 PART I; 27, PER MEO FILM G-719 1/24/95 t.t

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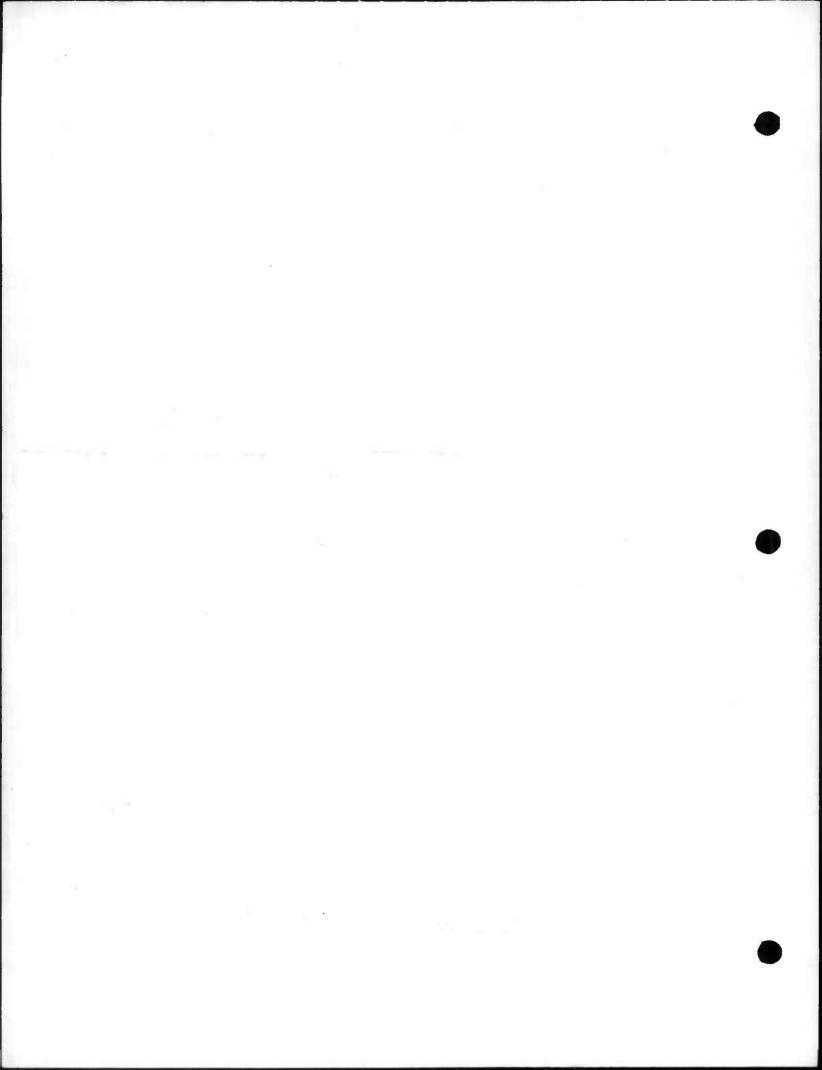
ITEM: 1. 20b,20c, PER F.H.

FOR
STATE
STATE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	FICALE OF	DEATH	REG.	NO.		
		1. DECEDENT'S NAME (First, Middle, Leat)					2. DATE OF DEAT		YEAR 3	. TIME OF DEATN
	1	LONNIE D.		ON JR.		1	JAN.	10	95	10:48 PM
		212-40-2804	1 K M 2 F	E (In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	0()	Country)	ACE (State or Foreign
pinous		Se. FACILITY NAME (If not institution, give st		52 YAS.	Sh CITY TOWN	OR LOCATION OF D	JUNE 4,		ARYL.	
en en	۳	SE COUNTY OF DEATH								
1. 2,	5	RESIDENCE OF DECEDENT								
Pages	DIRECTOR	MADZI AND		10c. CI	TY, TOWN OR LOCA				10	Dd. INSIDE CITY LIMITS?
permit.		MARYLAND  100. STREET AND NUMBER				MORE CIT	Υ			YES 2 NO
	FUNERAL	764 McHENRY STR	FFT		10	21230		5514		AT COUNTRY?
DZU physician. burial-transit	N N	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC		NIC ORIGIN7 (Specif	USA		- American Indian,
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, sp		in, Puerto Ricen, sto		Black, V Specify:	Vhita, stc.
es th	ED E	15. DECEDENT'S EDUC	ATION	160 DECEDENT	S USUAL OCCUPATION	ON	Distriction		BLA	CK
or after to the for use		(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of	work done during me	ost of working	166, KIND O	BUSINESS/INDUS	TRY	
bed to	릴	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2YRS	FIR	E MAN		BALTIMO	RE CITY FI	RE DE	DARTMENT
The hospital or attending detached for use as the once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Me		III DI	17111111111
2 2 E	BE (		ACKSON			AMANDA	BRAN	NCH		
retained 5 should	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City o		,	
		BETTY RUTH JA 204 METHOD OF DISPOSITION	CKSON				ALTIMORE,			
		1 \( \text{Buriel 2 } \subseteq \text{Cremation 3 } \subseteq \text{Ramo} \) 4 \( \text{Donation 5 } \subseteq \text{Other (Specify) } \)		metery, crematory or RUID RID	other GARRIS	ON FOREST	1/18/95 01	LOCATION — CH	TAUN	, MARYLAND
teath. Page 6 m funeral director,		21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY			
		+ CLKA L	1)-1	2			OWN JR. I			,
ours after of in by the or removal.		23. PART I. Enter the disesses, or co	omplications that cause	ed the deeth. Do	not anter the mo	W. DALI.	h as cardiac or r	BALTI.	MORE	MD.21223
D D E		shock, or heart failure. L IMMEDIATE CAUSE (Final	list only one cause on	asch line.				MCCOST COLO	,	Interval Between Onset and Death
within 24 upletely fille cremation, rent, the		disease or condition resulting in death)	HYPERTENSIV	E ATHEROSCI	LEROTIC CAR	RDIOVASCULA	AR DISEASE			
B 2 - 9			DUE TO (OR AS	A CONSEQUENCE	OF):	P.				
and and bur	NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
	RTIFICATION	cause. Enter UNDERLYING								
n certifical nding phy Hygiene property	Ē	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
e H	CERI	resulting in death) LAST								
the death y the atter of Mental		PART II. Other significant conditions	contributing to death	but not resulting	in the underlying	g ceuse given in	Part I. 24a, WA	S AN AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
205-	DICAL				•		PEI	RFORMED?	AM	AILABLE PRIOR TO OMPLETION OF CAUSE
Sign Sign	MEC							3 2   NO	1 /	DEATH? YES 2   NO
he law requires been a 23 sho	AN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	OF DEATH Y	ES NO [	UNCERTAI	v 🗆		7	3 2
- F 2 8 5 1	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ATN (Check only one)				1	
HYSICIAN: Nis certifica with the St ued, or 18	IYSI	1 X YES 2 NO 27. MANNER OF DEATN	HOSPITAL:				6 Other (Specify)			
The state of	PHY	1/ Netural 6 Pending	(Month, Day, Year)	26b. TII	JURY WO	URY AT	28d. DESCRIBE H	OW INJURY OCCUP	RED	
DOWNER OF THE PROPERTY OF THE	ВУ	2 Accident Investigation 3 Suicide 8 Could get be	28a. PLACE OF INJUR	Y — At home, farm.		YES 2 NO	281. LOCATION (St	not and Number or	Description of	Attumbas
<b>自能</b> 8	ETED	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Spi	octfy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Yown, S	Tate)	nore: noue	, Noviese,
No High	2	29a. CERTIFIER 1 CERTIFYINO PNYSIC	IAN: To the best of my know	wiedga, death occur	red at the 1lme, date	and place, and due	To the cause(s) and	menner as stated.		
MEN.	COMPL		: On the beals of examination							d manner as stated.
TO THE HOSP TO THE FUNER De find within IMPORTANT:	ШЧ	29b. SIGNATURE AND TITLE OF CERTIFICA	10011			29c. LICENSE NUI	ABER	29d. DATE S	IONED (Mo	onth, Day, Year)
日日本	0 B		our ar			O.C.N	1.E			1,1995
	-	30. NAME AND ADDRESS OF PERSON WHO	a (.							
1		DOW_O K	uncer_	1.11 Pen	n Stree	t, Bali	imore,	Maryla	and	21201
200		31. PATE FILED (MOOT) 1995	A REPUBLICATION	-					. 1	



10g. CITIZEN OF WHAT COUNTRY? U.S. OF A.

3. TIME OF DEATH 4:30 8. BIRTHPLACE (State or Foreign Country)

> 10d. INSIDE CITY 1 X YES 2 NO

BLACK

14. RACE — American Indian, Black, White, etc.

0		1	1. DECEDENT'S NAME (First, Middle, Less Carolyn B.		Kson						2. DATE	OF DEATH	DAY	444	3. TIME OF D
		1	4. SOCIAL SECURITY NUMBER	5. SEX	-	yrs. last birthday)	IF UNDER t	YEAR	IF UNDER	1 24 HRS.		OF BIRTH			IPLACE (State o
	_		215 46 5158	1 🗆 M 2 🤾 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT	th, Day, Year)	948	Mí A D	YLAND
	3 should		9a. FACILITY NAME (If not institution, give	street and number)	1		9b. CITY, 1	OWN (	OR LOCATI	DN DF DE				NTY OF D	
	2	DIRECTOR	LIBERTY MEDIC.	AL CENT	ER			BA	LTIN	10RE					
	es 1.	ည္မ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE C
permit. Pages			MARYLAND			I	BALTI								LIMITS?
	is.	FUNERAL	3606 SEQUOIA	AVENUE				101	zip cod 21	€ l 215			10g. CIT		F A.
5-0020	attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 XNO	11:	yes, sp	ENDENT Cooling Cubic	in, Maxica	n, Puarto	N? (Specify Ye Rican, etc.)	on or No		E — American i k, White, etc.
1121	5 3	ETED	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)			16a. DECEDENT'S (Give kind of life. Do NOT u	vork done du	cUPATIO	ON ist of workli	ng	16	b. KIND OF BU	JSINESS/IN	DUSTRY	
	hed the	필	12TH	3 YEARS		ADMINI	STRA	TO	R			U.S.	GOVE	ERNM	ENT
YLAN	by the hospital be detached to at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Linst) LEWIS JAC						18. MOT		ME (First,	Middle, Maidei GOOI	Surname)		
	should should	TO BE	190. INFORMANT'S NAME (Type/Print) KIMBERLY ROSS		<del>.</del>							TT G			21136 STOWN
Ë,	page		209. METHOD DF DISPOSITION		20b. F	LACE AND DATE	OF DISPOSIT	ION (Na	ima of		DAT	TE 20c. L	OCATION		
Ö	e 6 may ector, par must b		1  Burial 2  Cremation 3 Ra 4 Donation 5 Other (Specify)	movel from State	KI	NG MEN	ORTA	L	PARK	1/	18/	95 RA	NDAI	LST	OWN, M
Ī	death. Page tuneral direct. I. examiner n		21. SIGNATURE OF FUNERAL SERVICE I	LEW!			22. N/	AME AT	ND ADDRE	SS OF FA	CILITY				
BALTIMOR	death. P e funeral II. examine		* Lewis.	THE	ym	,									E 212 TO., M
•	nours after death.  d in by the funera or removal.  medical exami		23. PART i. Enter the diseeses, D	r complications to	ceused	the deeth. Do	not enter ti	he mo	de of dy	ing, suc	h es cer	dlec Dr resp	oiratory sr	rest,	Approx
			shock, pr heart failure iMMEDIATE CAUSE (Finsi	e. List Dniy Dne ca	iuse Dn eed	ch line.									Onset
U			disease or condition resulting in deeth)	. Pni	eumo	nia									110
.09	completely ial, cremati event, t	DUE TO (OR AS A CONSEQUENCE OF):										1			
68760,	and corr b burial, natic ev	Z	Sequentially list conditions,	. <u>Se</u>	PSIS										1 w
XO	be execut sician and c rior to buri traumatic	Ĕ	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	O'(OR AS A C	CONSEDUENCE D	F):								
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0	nding Hygie or oth	CERTIFICATION	that initiated events resulting in deeth) LAST	4	(0.7.10.7.	011020 021102 0	,								İ
S, P	the death the atter d Mental			0.											
RD.		EDICAL	PART II. Other significent condition	ons contributing t	o death but	t not resulting	in the und	erlying	g ceuse	given in	Part i.	24a, WAS AI PERFD	RMED?	24b	WERE AUTOPS AVAILABLE PRI
COR	uires that signed by Heafth an	ă					<u> </u>					1 🗆 YES	2 NO		OF DEATH?
RE(	0 5 6 G	Σ													1 TYES 2
	law ras be Dept.	AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CA					UNC	ERTAI	<u> </u>				
VITAL	N: The law ficate has the State Dept item 23	CI	EXAMINER?	HOSPITAL:		B. PLACE DF DEA	OTHER:	ly one)	-						
>	SICIAN: The lan certificate has the State Deg	PHYSICIAN:	1 YES 2 PNO 27. MANNER DF DEATH	1 Impetiant 2		tient 3 DOA	4 - Nursir	_	URY AT	asidenca		er (Specify) SCRIBE HOW	IN HIRW OR	OUDED	
OF	The with	1.0	1 Netural 5 Pending	(Month,	Day, Year)	IN.	URY M	WO	RK?	□ ND	200. DE	SCHIBE HOW	INJURY OC	CURED	
ON	ADING After death	BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE	DF INJURY -	- At home, farm,	streel, factor				281, LO	CATION (Street	and Numbe	r or Rumi i	Route Number
2	E E E	9	4 Homicide 6 Could not be determined	building	g, atc. (Specif)	1)		,			City	or Town, State	)	O' TIDIGIT	NOOID TYDINGS,
5	報 を 品 の 量	1	CERTIFIER 1 CERTIFYING PHY	SICIAN: To the hord	of my knowle-	doe deeth see	ad at the at-	m d-4-	and star		to th				
_		3	(Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the basis of											) and manner :
	TO THE HOSPITAL. TO THE FUNERAL De filed within 72 IMPORTATE III	ŭ					,	1		ENSE NU		- Franci e	_		
	THE	BE	296. SIGNATURE AND TITLE OF CERTIFIC	icks III	MD	,			0	413	2.2				(Month, Day, W
	日日報臺	0	7						-	. 17	27		1.0	un	12, 11

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GEORGE E, WICKS III M.D. 26

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

lown, State, Zip Code) 21136 REISTERSTOWN, MD. LOCATION -- City or Town, State ANDALLSTOWN, MD. ERAL HOME 21215 AVE. BALTO., MD. spiratory srrest, Approximate interval Between **Onset and Death** week 1 week 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE AN AUTOPSY 2 1 NO OF DEATH? 1 YES 2 NO W INJURY OCCURED st and Number or Rural Route Number, te) 29d. DATE SIGNED (Month, Day, Year) Jan 13, 1995 Ave DHMH-16 Rev 1/89

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the Market and the second of t

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

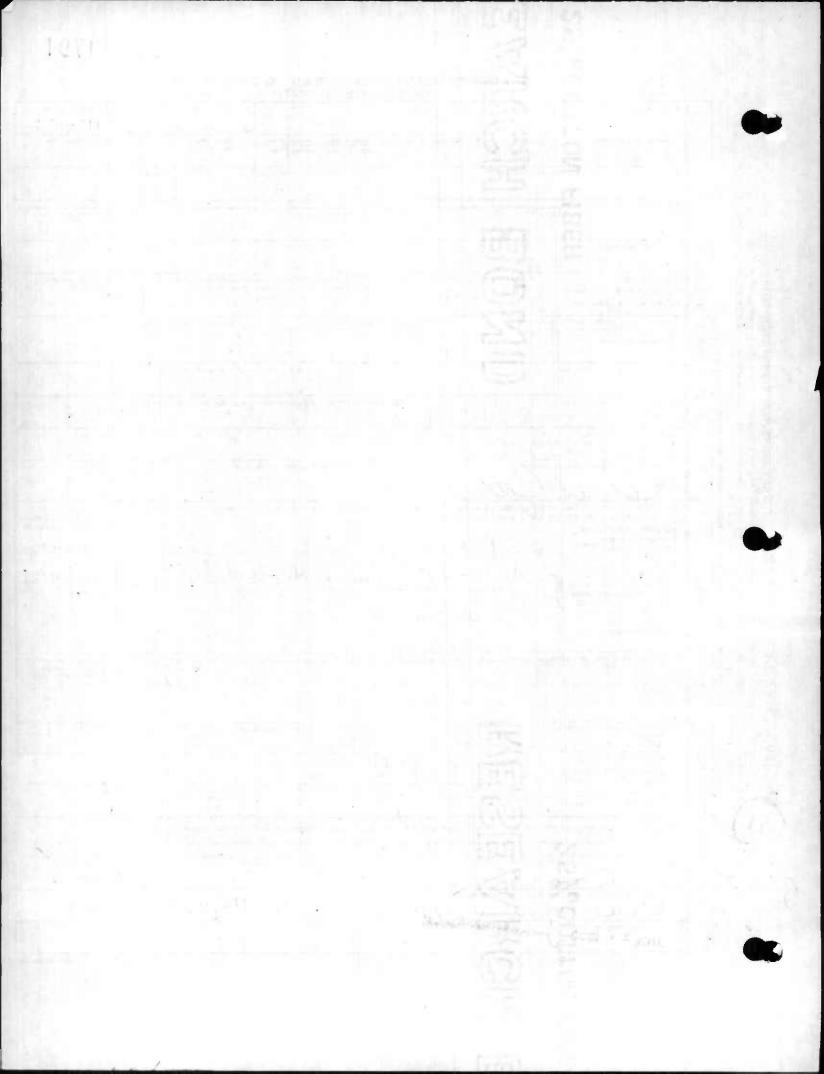
THIS INVESTIGNANT: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

The law requires that been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. TO THE INCENTIAL CHARACTER MAY SOLIVE PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the drach TO THE HANDLE OFFICE After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detach be filed when it is death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

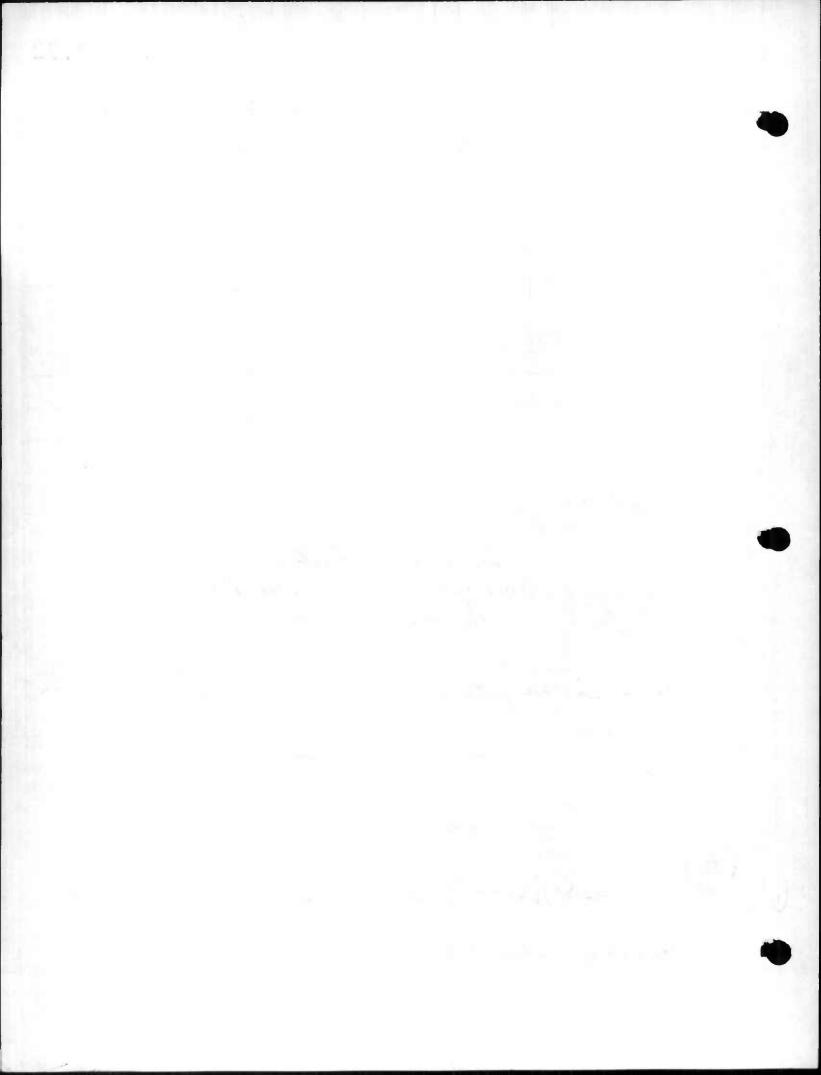
					DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Less ANTHONY JAC						MONT		199	EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birti	MONTHS	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BINTH	-	BIRTHE Country	PLACE (State or Foreign
214-90-4819	1X_XM 2 □ F	30 Y	rs.			2-2	22-64		MD.	
9a. FACILITY NAME (If not institution, give	The state of the s				OR LOCATION OF D			9c. COUNTY	Y OF DE	HTA
WASHINGTON CO	OUNTY HSP.		HA	GER	STOWN M	ID.				12
10e. STATE 10b. COUN	ITY	10	c. CITY, TOWN	OR LOCAT	TION			_		10d. INSIDE CITY
MD.			BAITT	MODI	E CITY					LIMITS?
10e. STREET AND NUMBER			пантт		ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
3813 REISTER	RSTOWN RD.				21215			USA		
11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y			If yes, sp	ENOENT OF HISPA ecity Cuben, Maxic 2 NO Speci	an, Puerto I		or No — 14	Specify	
15. DECEDENT'S ED	DUCATION	16a, DECEDI	ENT'S USUAL C	OCCUPATION	DN .	166	. KIND OF BUS	INESS/INDIES	_	JACK
(Specify only highest gra- Elementery/Secondary (0-12)	College (1-4 or 5+)	(Gíve ki	ind of work done NOT use retired.)	durina mo	st of working	100	KIND OF BOS	#WE33/#WO00	,,,,,	
UNKNOWN	UNKNOWN	CONS	TRUCT	ION	WORKER	3				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, I	Middle, Maiden	Sumame)		
FRED JACKSON S	SR.				RITA					
19a. INFORMANT'S NAME (Type/Print)		19b. MA	AILING ADDRES	S (Street a	and Number or Rural	Route Numi	ber, City or Town	. State, Zip Co	ode)	
RITA JACKSON		38	313 RE	IST:	ERSTOWN	N RD	. BAL	ro. M	iD.	
20a. METHOD OF DISPOSITION 1)(1)(Burial 2 Cremation 3 Re	moval from State	206. PLACE AND I	DATE OF DISPO	SITION (Na	ime of	DAT	E 20c. LO	CATION - CIT	y or Tov	rn, State
4 Donation 5 Other (Specify)		MD. NA	T. MEM	. Pk	ζ.	1-1	14 133	300W.	ASH	INGTON
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* Chill	Carr	All	/ 1	C	APPOLI	E/H	1712	JECT	MOI	RTH AVE.
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IMMEDIATE CALICE /Final	o. clot only one cause o	n sach Ilns.	. Do not ente	r the mo	de of dying, suc	ch as care	diac or reapi	ratory arres	it,	interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the separatement material The last case that the death of the second
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	1. DECEDENT'S NAME (First, Mid					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
	OSCAR DUNN 4. SOCIAL SECURITY NUMBER					1-12-	95	1:20 A
	216-14-457	O A 1 ▼M 2 □ F	8. AGE (In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-15-1	1 00	IRTHPLACE (State or Foreignatry)  M. d
Œ	90. FACILITY NAME (# not institut	tion, give street and number)			OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
5	RESIDENCE OF DECED	PENT		BALTIN	MORE C	ITY		
DIRECTOR		b. COUNTY		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER			BALTIMOF	ZE CILI		10a CITIZEN C	IXXYES 2 ☐ NO OF WHAT COUNTRY?
FUNERAL	3111 M	ILLFORD AVE		2	21207		US	A
5	11. MARITAL STATUS	12. WAS DECEDENT		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	e or No- 14. R	ACE — American Indien,
BY F	1 Never Married 2 Never Married 2 Never Married 3 Divorced	IF YES, GIVE WAF	R OR DATES	If yes, spe		y:		Black, White, etc.
ED E		1 1-30-43	-9-16-45					BLACK
ETE	(Specify only high	hest grade completed)	(Give kind of	Work done during moses retired.)	ON ost of working	16b. KIND OF B	JSINESS/INDUSTR	Y .
	Elementary/Secondary (0-12)	College (1-4 or 5+) IINKNOWN	ENGINE		CHOOL			
COMP	17. FATHER'S NAME (First, Middle,		T. P. W.G. IN F	ER IN	SCHOOL 18. MOTHER'S NA	ME (First, Middle, Melder	2 Sumamal	
BE C	OSCAR D. JO	NES SR.				- It was the same of the same	. Sarrigina)	
	19e. INFORMANT'S NAME (Type/P	Print)	19b. MAILIN	G ADDRESS (Street e	and Number or Rural	Route Number, City or To	wn, State, Zip Code	)
70	LORETTA JO	NES	3111		ORD AVE		ORE MD	
	20e. METHOD OF DISPOSITION 1 Burlel 2 A Cremetion 3		20b. PLACE AND DATE	OF DISPOSITION (Na	ime of	DATE 20c. LO	OCATION — City o	r Town, State
	4 Donation 6 Other (Spec	city)	GARRISON	FORES	I CEMTE	RY1-17 1	1501 G	ARR. FT.
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY		
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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last)

SUMPTER

3. TIME OF DEATH

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	1

DATE OF DEATH MONTH JAN. 1 1995 AR 15 1:09 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Morth, Day, Year)
June 22,1957 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 | | 37 DAYS HOURS MIN. 216 68 8316 YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH ANNE ARUNDEL DIRECTOR Pages 1, 2, 3 KIMBROUGH ARMY HOSPITAL Fort Meade RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Glen Burnie Maryland Anne Arundel permit. F 1 YES 2 X NO 104 STREET AND NUMBER 101 ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 7620 Solley Road 21061 U.S.A. burial-transit the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 2 XNO BY Specify: 3 Widowed 4 Divorced use as the White ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) n by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) Cabinet Maker COMPL notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Jacqueline Shaver Dan Sumpter Keys Page 6 may be retained by BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Glen Burnie, Maryland 21061 Donna Keys 7620 Solley Road pe 20s. METNOD OF DISPOSITION

1 Burlal 2 X Cremetion 3 Removal from State
4 Donetion 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICHISEE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 1/19 Baltimore, Maryland examiner 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. long 4001 Ritchie Hwy. Baltimore, Md. medical 23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, completely filled in by ahock, or heart fa e. List only one ceuse on each line. interval Between 0 IMMEDIATE CAUSE (Final Onset and Death the Caronary Artery Thrombosis

DUE TO JOR AS A CONSEQUENCE OF):

Atherosclew to Candiovas who Disence cremation, disease or condition reaulting in deeth) event. and com burial, o other traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leeding to immediate cause. Enter UNDERLYING physician CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) the attending p that initiated events resulting in death) LAST 6 PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? MEDICAL Health and shows any TYES 2 NO OF OFATN? 1 YES 2 NO has been Dept. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO [ UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item this certificate h HOSPITAL OTHER: YES 2 NO ☐ Inpatient 2X ER/Outpetlant 3 ☐ DOA 4 Nursing Name 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF marked. 1 Natural 5 Pending Investigation М 1 YES 2 NO After 1 BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be DIRECTOR: J COMPLETED 4 Homicide 200 item 29e CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I = 2 😾 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. hute m JAN. 16,1995 9 30. NAME AND AGORESS OF PERSON WHO POWPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. OATE FILED (Mogn. Day, Year)

JAN 1 7 1995 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KEYS

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d within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCTION. After this certificate has been signed by the attending physician and completely find in by the human director, page 5 should be detached for use as the burial-transit permit.		30Ce.
e retained by	e 5 should be		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Qe 6 may b	firsctor, pag		r must be
hr death. Pa	the funeral of	Mai.	al examine
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PHYSICIAN	r this certific	h with the Si	arked, or i
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartillicate be encured with	RECTOR: After	be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or remove.	m 28 is m
DEPITAL OR	UNERAL DIR	Unin 72 hou	NATE IF HOT
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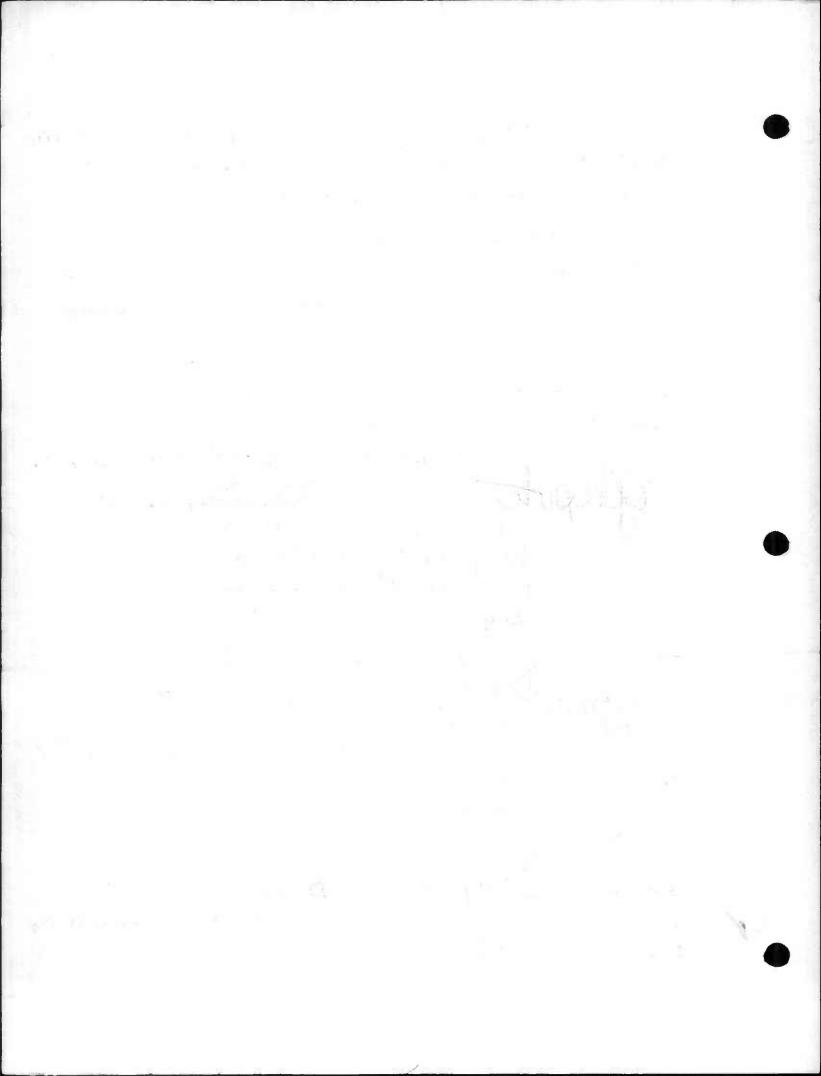
31. DATE FILED (Month, Day, Year)

32. REGISTRA

Pages 1, 2, 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRIEDA KINGSBERG 4.09 PM 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS S. BIRTNPLACE (State or Fe Nov. 20,1904 155 38 5856 90 New York 1 🗌 M 2 🛣 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Potomac Valley Nursing Home DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14421 Barkwood Drive 20853 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES XXIVO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married В 3 X Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Silverstein Isaac Rose Unavailable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sylva Ruff Same address as #10 29s, METHOD OF DISPOSITION
ALL Burlat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Jan 1945 20 40 GATION - City or Town, State Garden Falls Church, Va. 20b. PLACE AND DATE OF DISPOSITION (Name of ing David Memorial 21. SIGNATURE OF YUN HAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
IVES-Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO THE AS A CO disease or condition resulting in death) reby PHYSICIAN: MEDICAL CERTIFICATION 0 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING emeratu CAUSE (Disease or Injury that initiated events (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 TYPE OF DEATH? erelevoras M 1 TES 2 NO Herry 25. WAS CASE REFE EXAMINER? 26. PLACE OF DEATN (Check only one) Potory Vall OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 Other (Specify) on 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural

Accident 5 Pending Investiga BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, esc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month) BE 29c. LICENSE NUMBER supervale MD 2 DE VHON NOT



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within section and death. Phys. 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the huneral direction	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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		C	ERTIFI	CATE O	F DEA	TH	MENTAL HYGIEN								
1. DECEDENT'S NAME (First, Middle, Li						0	2. DATE OF DEATH	DAY	3	TIME OF BEATH					
Elizabeth Long	Krout					JUNEAU STA		YEAR 79.6	7126						
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH		8. BIRTNPL	ACE (State or Foreign					
214-03-0253	1 □ M 2 🛣 F	<del>81</del> 80	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) Jan. 21. 1	914	Money 1	am d					
9a. FACILITY NAME (If not institution, gi	ve street and number)			96. CITY, TOW	N OR LOCAT				Mary]						
Stella Maris RESIDENCE OF DECEDENT 10a. STATE 10b. COU				Тоглас	» MT			7.7							
RESIDENCE OF DECEDENT BATLIMOTE										9					
10e. STATE 10b. COU	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10	od. INSIDE CITY					
	timore		Coc	kevsvi	110				1	LIMITS?					
10e. STREET AND NUMBER					101. ZIP COD	E		10g. CITI		AT COUNTRY?					
124 Warren Road					21030										
100. STREET AND NUMBER 124 Warren Road 11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMEO	13. WAS (			C ORIGIN? (Specify Ye	I IISA		- American Indian,					
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(Specify only highest gr Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	- Dida	ive kind of wa Do NOT use	ork done during retired.)	most of work	ing									
7			il Cl	ork			IIC Dane	- 1 0							
17. FATHER'S NAME (First, Middle, Last)			11 01	EIK	10. MOT	HER'S NAM	US Post IE (First, Middle, Meider		ervice	3					
Howard Walter L	ong							Junimej							
19a INFORMANT'S NAME (Topo/Print)	OHE	10	h. MAII MIC	Annasee /ca			cene Hare Outo Number, City or Tox		0.71						
DIANNE REIS Linda <del>Diane Rei</del>	CHL														
20a. METHOD OF DISPOSITION	che-l-					22.	8201 Neub								
1 Buriel 2 Cremation 3 R	emoval from State			FOISPOSITION ner place)			DATE 20c. LC	CATION —	City or Town	, Stata					
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21. SHOWLED PUMERUL SERVICE	CENSEE (OV)	Nels			AND ADDRE		L Home								
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23. PART I. Enter the diseases, (	The second secon	t caused the de	eth Do no	ot enter the	node of du	onita	Rd., Timo	nium,	, MD a						
shock, or near failur	re. List only one cau	ne on each line	).	or enter the i	nous or dy	mg, secn	as cerdiac or resp	iratory arr	est,	Approximeta interval Between					
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resulting in death)	608dH	1 rest	male	71/0	Ulur	10									
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CAUSE (Disease or injury	al Yde	lived	h-6	-/-	es										
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF)		/_	. 1.	10	1	11						
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1 WES 2 NO	1   Inpetient 2	ER/Outpatient 3		OTHER: 4 - Nursing N	ome 5 🗆441	sidence 6	☐ Other (Specify)								
	28e. DATE OF (Mogth, D.		28b. TIME		NJURY AT		28d. DESCRIBE HOW	NJURY OCC	CUREO						
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27. MANNER OF OEATH	1///		me, farm, str	reet, factory, of	fice		281. LOCATION (Street	and Number	or Rural Rout						
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27. MANNER OF CEATH  1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not i	28e. PLACE O	FINJURY — At ho	1/-	20			14 Home 124 Warrench								
27. MANNER OF CEATH  1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not it 4 Homicide determined	28e. PLACE O building,	P g	Hor	ne			12411	inse		<u></u>					
27. MANNER OF CEATH  1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not it 4 Homicide determined	28e. PLACE O building,	my knowledge, de	ath occurred	I at the time, do	ria and placa	, and due to	1 24 W the cause(s) and man	INYE	ed.	4					
27. MANNER OF CEATH  1 Neturn 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. PLACE O building,  YSICIAN: To the bast of INER: On the basis of as	my knowledge, de	ath occurred	I at the time, do	rte and place	, and due to	o the cause(s) and mai me, data and place, er	INYE	ed.	4					
27. MANNER OF CEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not I determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGMATURE AND TITLE OF CERTIF	28e. PLACE O building,  YSICIAN: To the bast of INER: On the basis of as	my knowledge, de	ath occurred	I at the time, do	death occu	, and due to red at the ti	me, data and place, er	DVE	ed. e cause(a) ar	4					
27. MANNER OF CEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not 1 determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. PLACE O building,  YSICIAN: To the bast of INER: On the basis of as	my knowledge, de	ath occurred investigation.	i at the time, do	death occu	red at the ti	me, data and place, er	DVE	ed. e cause(a) ar	nd manner as stated.					
27. MANNER OF CEATH  1 Natyper 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	ysician: To the best of an INER: On the bests of an	my knowledge, de camination and/or i	ervestigation.	In my opinion	death occu	red at the ti	me, data and place, er	DVE	ed. e cause(a) ar	nd manner as stated.					
27. MANNER OF CEATH  1	ysician: To the best of an INER: On the bests of an	my knowledge, de camination and/or i	ervestigation.	In my opinion	death occu	red at the ti	me, data and place, er	DVE	ed. e cause(a) ar	nd manner as stated.					

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	NG PHYSICIAN: The law requires that the death certificate he executed with
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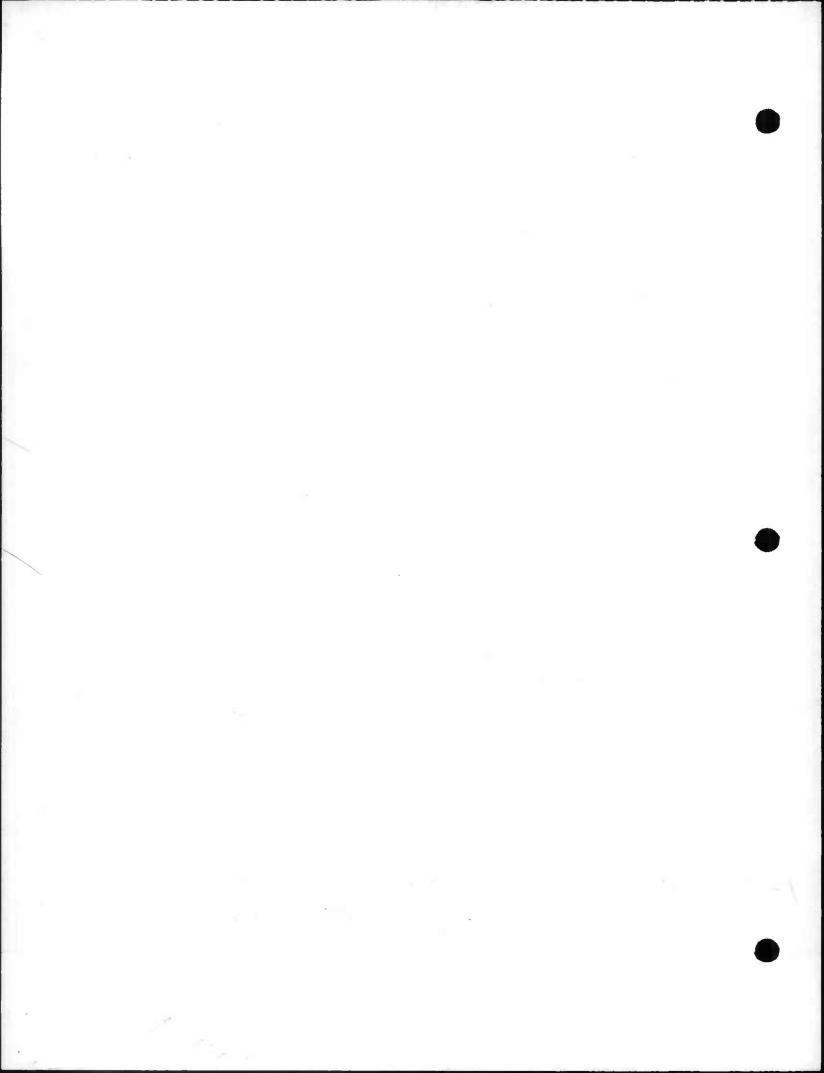
RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AREGISTRAR'S BENATURE

94600 UD. 780

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 13,1995 FAR Richard Charles Klimovitz 1:55 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH Of Month, Day, Year 25 IF UNDER 1 YEAR | IF UNDER 24 HRS 213 32 5778 1 M 2 - F 60 DAYS HOURS 09' YRS Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel North Arundel Hospital DIRECTOR Glen Burnue RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Anne Arundel Severna Park 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 156 Barbara Road 21146 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yea, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 1 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during m life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Motor Technician Steel COMPL 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Alexander Klimovitz Stephanie Gryglik BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephanie Klimovitz 420 Elrino SAtreet Balto., Md. 21224 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Eastwood, Md. 1-16-95 Oak Lawn Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ca Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition Pt 410 CASES S/ CARSIN ANKES resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CHE rlo CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL CHORIN VELLOUITERSE! 1 YES 2 NO OF DEATH? CAMONIC 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as ateled. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER



hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

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DIRECTOR: After the hours after death v

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Pages 1, 2, 3

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

requires that the death certificate be executed within The OR ATTENDING PHYSICIAN: TO THE HOSPITAL OF THE FUNERAL CO TO THE FUNERAL CO TO THE FUNERAL COMMONITY OF THE PROPERTY. If ILL HOSPITAL

1 - FOR STATE REGISTRAR 10a. STATE Md.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

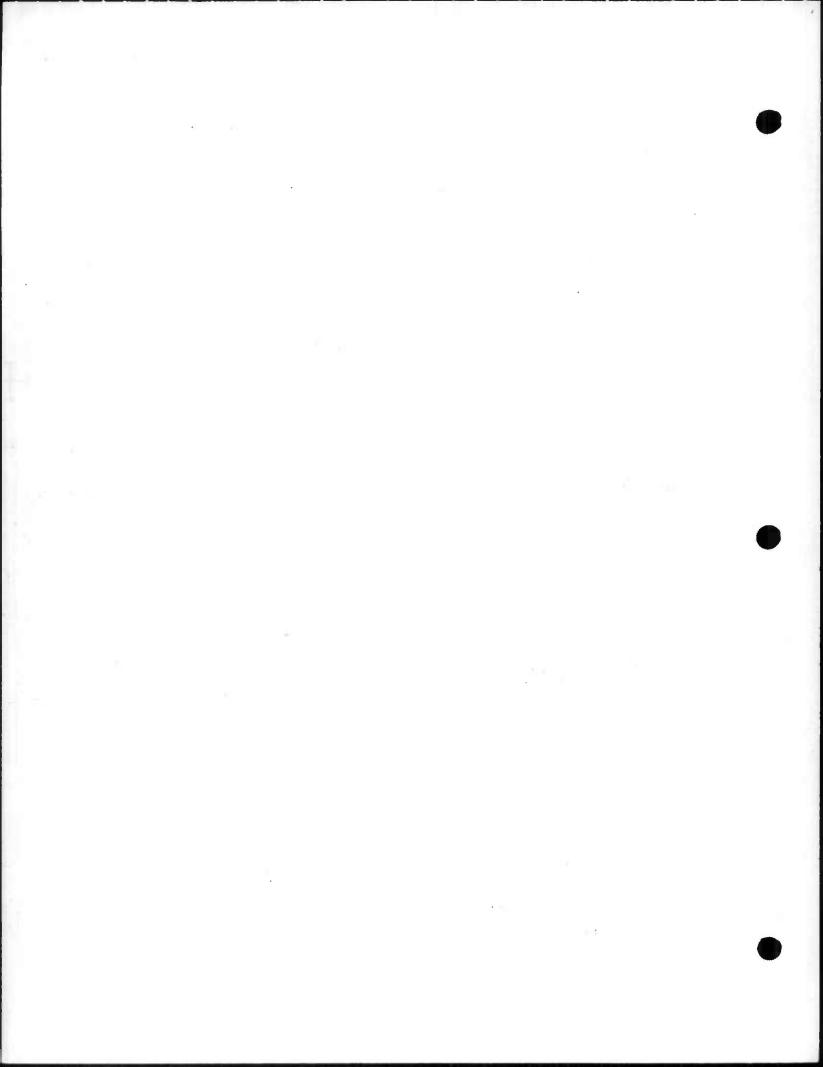
REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 12, 1995 Edward L. Krauss 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1908 Country) DAYS HOURS Penns. 1 X M 2 - F 027-01-7793 March 29 86 YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Nursing Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10h COUNT 10d. INSIDE CITY Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1700 Meridene Dr. #205 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 22 1 Never Married 2 Merried White BY 3 Widowed 4 Divorced BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +) Line Type Operator Printing Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Henry D. Krauss Mary McInerney 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3105 Rosalie Ave. Baltimore, Md. 21234 Charles 20a. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremetion 3 ☐ Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 4 Donation 6 Other (Specify) ecelia Cemetery 1/16 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY

Hartley Miller Funeral Home

7527 Harford Rd. Ralto. Md.

23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Defith disease or condition 2 hos DUE TO (OR AS A CONSEQUENCE resulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS New chy car de 0 AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 12 NO UNCERTAIN U PHYSICIAN: 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER:
4 Mursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 64 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 360



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

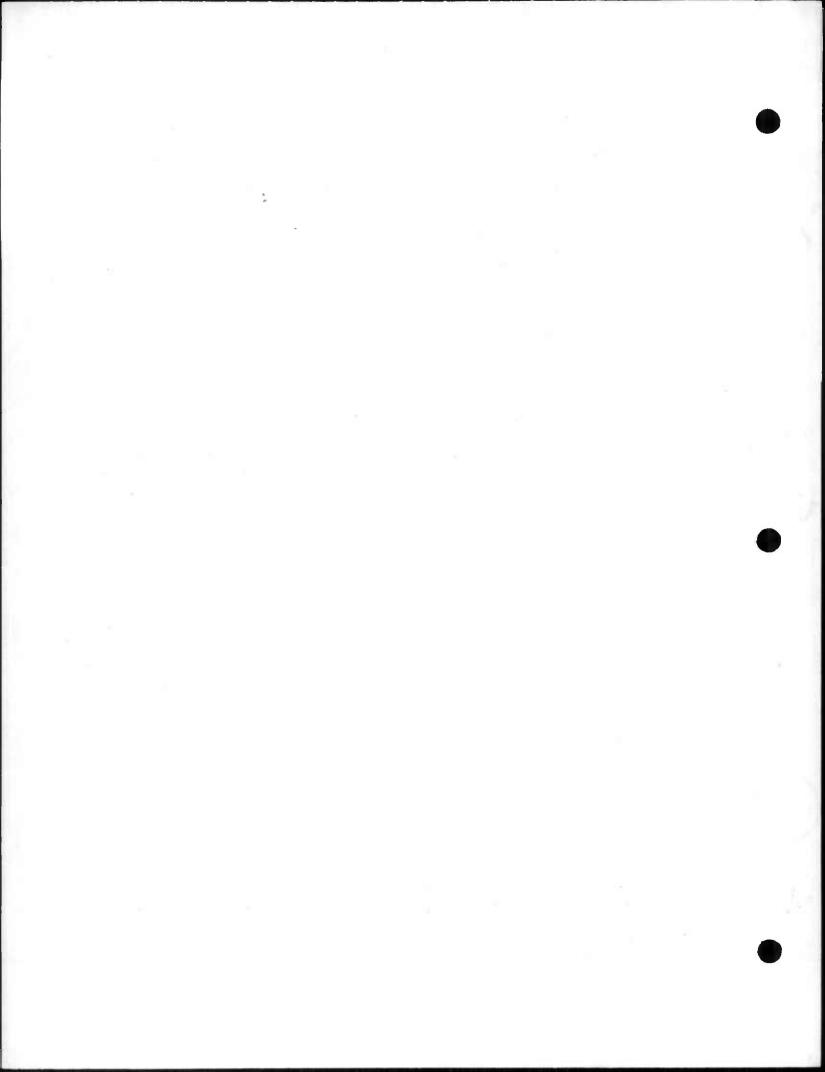
TO THE HOSPITAL MEDITAL MISSING HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		ICATE OF DEATH	REG. NO.				
ģ		RITSKY	2. DATE OF DEATH DAY 01-11-95	year 3. TIME OF DEATH 5:07 P. M			
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-14-1898	8. BIRTHPLACE (State or Foreign Country)  RUSSIA			
- 4	9e. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DE		JNTY OF DEATH			
DIRECTOR	11 OVERRIDGE COURT	ELKRIDGE	ESTATES ]	BALTIMORE			
H		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?			
	MARYLAND BALTIMORE	ELKRIDGE	<b>ESTATES</b>	1 TES XX NO			
FUNERAL	11 OVERRIDGE COURT	10f. ZIP CODE 2121	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY  21210 U.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES TOO	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Married  XXWidowed 4 Divorced  FORCES? 1 YES ALONO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica  1 YES X NO Specify	n, Puerto Ricen, etc.)	Bleck, White, etc. Specify: WHITE			
		USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5 +)	se retired.)	0777	0.7			
COMPLETED	Z TEARD	JSEWIFE	OWN H	OME			
BE CO	17. FATHER'S NAME (First, Middle, Lest)  NICOLAS POPOFF		ME (First, Middle, Melden Surneme) UNKNOWN)				
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING	ADDRESS (Street and Number or Rural I		ip Code)			
2	GEORGE E.KOSTRITSKY (SON) 1224	LAKE FALLS R	OAD, BALTO.,	MD. 21210			
	I □ Buriel A K Cremation 3 □ Removal from State   cemeters, cremators or o	OF DISPOSITION (Name of ther place)  OUNT CREMATORY		City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY	• / 110 • / 21202			
	DR STRUME		W. JENKINS	& SONS			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do n		ROAD, BALTIN	MORE, MD. 21212			
	shock, or heart feliure. List only one cause on each line.	and the state of t	and caroline of reaptratory at	Interval Between			
	disease or condition teaulting in death)	ia		20000			
	DUE TO (OR AS A CONSEQUENCE OF	F):	. )	2 days years ne 5 years			
CERTIFICATION	Sequentially list conditions, b. HTUGO Sclerate  Offer TO (OR AS A CONSCIUENCE OF	e Coronary la	welan Diseas	e years			
¥ I	if any, leading to immediate cause. Enter UNDERLYING	Day Hand diana	06-1	5			
Ĕ II	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF	Fi:	se and july	ne Jeans			
토	resulting in death) LAST						
	PART II. Other aignificent conditions contributing to death but not resulting						
EDICAL		. /	DERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
	hidwelling tolog catheter -1	Veens conc Bl.	Odda-1 - YES 2XX10	OF DEATH?			
Σ	DID TODACCO LICE CONTRIBUTE TO CALICE OF DEATH AND			1 - YES 2 - NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YE		101				
PHYSICIAN:	EXAMINER? HOSPITAL:	OTHER:					
₹	1   Inpatient 2   ER/Oulpatient 3   DOA   27. MANNER OF DEATH   280. DATE OF INJURY   280. TIM	4 □ Nursing Home XX Residence E OF 28c, INJURY AT	8 Other (Specify) 28d, DESCRIBE HOW INJURY OC				
	XIX Netural 5 Pending (Month, Day, Year) INJ	WORK?	200. DESCHIBE HOW INJURY OC	CURED			
B	2 Accident Investigation 3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, s		28f. LOCATION (Street and Number	e or British Boudo Alumbus			
E I	4 Homicide determined building, atc. (Specify)		City or Town, State)	or Hural House Number,			
COMPLET	29e. CERTIFIER (Check only XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	ed at the time, date and place, and due	to the cruse(a) and manner as etc.	and and			
8	one/ # MEDICAL EXAMINER: On the Street of enemination end/or investigation						
	296. SIGNATURE OND TITLE OF RESTIPIES	29c, LICENSE NUM		E SIGNED (Month, Day, Year)			
BE	Monte W Ser / Mills	D223		1-12-95			
임	ME NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type,	Print)					
Į.	JØSEPH W. ZEBLEY III M.D., 780	1 YORK ROAD, TO	OWSON, MARYLA	ND, 21204			
1	AN 2. 7 1995						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETIAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 20 to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II them 20 is married, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN					
- 2	1. DECEDENT'S NAME (First, Middle, Lest)	IANI	TO THE PARTY OF TH						YEAR	3. TIME OF DEATN		
9	NATH 4. SOCIAL SECURITY NUMBER		KRAMER  In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		12, 1 OF BIRTH	995	BIDTUI	9 A. M		
	212-07-1593	212-07-1593 1 1 M 2 - F 85 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year)  JAN 2 0 1 909								DLAND		
B		99. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEA  96. COUNTY OF DEA  96. COUNTY OF DEA  97. COUNTY OF DEA  98. COUNTY OF DEA  98. COUNTY OF DEA  99. COUNTY OF DEA  99. COUNTY OF DEA  99. COUNTY OF DEA  90. CO										
בו	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND		rimore	ION			10d. INSIDE CITY LIMITS? 1. YES 2 NO					
FUNERAL	100. STREET AND NUMBER 2500 W. BELVEDERE	AVE., APT.	1005	05 10f. ZIP CODE 21215						HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	FORCES? 1 YES	AS DECEDENT EVER IN U.S. ARMED ORCES7 1 YES 2 NO YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 VES.2 NO Specific Company No.					or No—	Black, Specify			
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	k done during mo	N st of working	166	. KIND OF BUS	SINESS/INDUS	WHI	TE		
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +)	UPHOLSTER			,	FURNIT	IIRE				
S	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA							
BE	HARRY  190. INFORMANT'S NAME (Type/Print)	KRAMER	10h MAII ING AG	ODESS /Street	VIVI				/ITA			
입	MR. BERNARD I.H. 1	KRAMER						21208				
		20e METNOD OF DISPOSITION 1 B Burlet 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION //Name of Cematory crematory or other place   Cematory crematory or other place										
	4 □ Donation 1/□ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	BI	TH ISAAC		CSRAFT. D ADDRESS OF FA	1/13, ICILITY	/95 RA	LTIMOR	Œ,	MD		
	* Syphias to	Itellus			/INSON &					0101#		
	23. PART LEnter the diseases, or a shock, or heart rellure.	complications that caused List only one cause on a	the deeth. Do not ech line.	enter the mo	de of dying, auc	th es card	diac or respi	ratory arres	MD st,	21215 Approximate		
	immediate Cause (Final disease or condition resulting in death)  a. Congesture heart failure  oue to (of its a consequence of):  Servere Asslie planesis											
	Townsian and the second	OUE TO (OF AS A										
NOL	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initieted events resulting in death) LAST	d.	CONSEQUENCE OF):									
AL CE	PART II. Other algnificent condition	a contributing to death b	ut not resulting in	the underlying	cause given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
EDICA							PERFOR		1 3	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
≥	DID TORACCO LICE COATT	DIRLITE TO CALLEE O								t TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTI		F DEATH YES 26. PLACE OF GEATH		UNCERTAIL	и Ц Т						
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	atient 3 DOA 4		5 Residence	6 🗆 Othe	r (Specify)					
_	27. MANNER OF DEATN 1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		RK?	28d. OES	SCRIBE HOW IF	NJURY OCCU	RED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre				ATION (Street e or Town, State)	and Number or	Rural Ro	ute Number,		
Pe	OF OFFICE A				Society of the ex							
WINTE		CIAN: To the best of my knowler: On the beele of examination								end menner ee stated.		
E C	296. SIGNATURE AND TITLE OF CERTIFIER	Dance		Ţ	29c. LICENSE NUI	MBER		29d. DATE S	IGNED (	Month, Day, Year)		
TOB	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) / Tono Do	int)	DAAR	1 /		Ja	M·	1214 1995		
	SUNIC. P. RAJA	NT 2431	m Belw	edere	ane ;	Bull	Maso	2 M	9	21215.		
	JAN 1 7 1995		_									

3. TIME OF DEATH

2. DATE OF DEATH DAY

Milton

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Kramer

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CRAMER

	- 3	RAME		12,	Itom					JANE	ARRY	13	1995	6 An "
		4. SOCIAL SECURITY NUMBE 216-14-4084	A	5. SEX 1X M 2 D F	6. AGE (In yrs. 72	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	BIRTH Day, Year)		Country)	ACE (Stete or Foreign
should		9a. FACILITY NAME (If not inst				THO.		_	R LOCATION OF D		16,1		MA TY OF DEA	RYLAND TH
6,	СТОЯ	SINAI HOSPIT					BALT	CIMC	RE					
t. Pages 1,	DIREC	10a. STATE MARYLAND	10b. COUNTY	1			TY, TOWN OF		ION					0d. INSIDE CITY LIMITS?  YES 2 NO
nsit permit.	D BE COMPLETED BY FUNERAL	100. STREET AND NUMBER 4167 LABYRIN	TH RI	).		101, ZIP CODE 21215						10g. CITIZ	EN OF WH	AT COUNTRY?
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 X h 3 Widowed 4 Divorce	T EVER IN U.S. YES 2 AR OR DATES	NO If yes, specify Cuban, Maxican, Puerto Ricen, etc.)					or No—	Specify:	- American Indian, White, atc.			
215 attend		15. DECE (Specify only Elementary/Secondary (0-1		CATION completed) College (1-4 or 5 +	,	DECEDENT'S (Give kind of life. Do NOT us	work done di	CUPATIO iring mos	rion 16b. KIND OF BUSINESS/INDUSTRY FOOD (A&P FOODS)					
A)) a		17. FATHER'S NAME (First, Mid NATHAN	RAMER	18. MOTHER'S NAME ANNA							HIRS			
ALTIMORE, MAR death. Page 6 may be maked the function, page 5 since the function of the motified examiner must be notified		19a. INFORMANT'S NAME (Typ	on/Print)			19b. MAILING	ADDRESS	(Street ar	nd Number or Rural	Route Number,	City or Town	n, State, Zip	Code)	
	5	MRS. GERTRUI		MER						BALTO.	, MD	212	15	
		28g. METHOD OF DISPOSITIO	3 🗆 Ram	oval from Stata	cremetory or o	E AND DATE OF DISPOSITION (Name cremetory or other place)			DATE					
		4 Donation 5 Other (	BET	H TFII	22. N	AME AN	.5/95 D ADDRESS OF FA			TIMO	RE, M	D		
		( Jun	(11)		win				VINSON				MID	21215
bd with hours after of the completely filled in by the cremation, or removal.		23. PART I. United the Diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, intervel Between Onset and Death  Approximate intervel Between Onset and Death  Theresis (Final disease or condition resulting in death)  Due to (OR AS A CONSEQUENCE OF):  A there is consequence of the conditions, and the consequence of the conditions of the conditions.  Due to (OR AS A CONSEQUENCE OF):  A there is consequence of the conditions of the conditions of the conditions of the conditions.  Due to (OR AS A CONSEQUENCE OF):												
th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic ev	CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	ete G	. phy De	POSCION AS A CON	Sion	) )	ar	liovas	cular	- D	isa	se	
L RECORDS, It law requires that the death as been signed by the atterent. of Health and Mental 23 shows any Injury, or	MEDICAL	PART II. Other algnificen	t condition	s contributing to	death but no	ot resulting	In the und	lerlyIng	ng cause given in Part I. 24a. WAS AN PERFOR 1 YES 2			MED? AVAILABLE PRIOR TO		
	IAN	25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF DEATH (C)	eck only one)		-		
SICIAN: The certificate h the State 1	YSICIA	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		5 - Residence	8 Other (S	Specify)			
F This Par	ВУ РНУ	27, MANNER OF DEATH  1 Netural 5 P. 2 Accident	ending vestigation	28a. DATE OF (Month, Da		28b. TIM	IE OF JURY M	t Y		28d. DESCR	NBE HOW II	NJURY OCC	URED	
TTENDI TTENDI TTOR: A after de	ETED	4 Homicide de	ould not be stermined	28e, PLACE Of building,	F INJURY — At atc. (Specify)	home, farm,	street, factor	ry, office		281. LOCATI City or	ON (Street a Town, State)	nd Number	or Rural Rou	te Number,
로 글 전 =	COMPL			CIAN: To the beat of ex										nd manner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	BE (	296. SHONATURE AND TITLE	OF CERTIFIED	10 :					29c. LICENSE NU	MBER	,	29d. DATE	SIGNED (M	fonth, Day, Year)
₽ ₽ ≥ ₹	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (	ITEM 27) (Type	, Print)		V23	16./			nuar	1 1110
)		DEBRAS WE	FRIHE	inen no	0 2	434	W.	Bel	vedere	Ave	Bo	LTO.	nd	21215
		31. DATE FIL D. A THIS Day Ye	1995	Jaka Di	R'S SIGNATUR	ardall				(				

DHMH-16 Rev 1/89

The transport of the second

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

1 YES 2 NO

8 Could not be

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide 29a, CERTIFIER

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician.

BY FUNERAL DIRECTOR

TO BE COMPLETED

	Iter	m9a 1-17-95 F	ilmG719	W.H.P	er F	/H		95	00	801
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT				SIENE i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Khure	gel				2. DATE OF OEA		ZEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Morith, Day, Year)   8. BIRTHPLE (Morith, Day, Year)   7. DATE OF BIRTH (Morith, Day, Year)   7									
	90. FACILITY NAME Northwe NORTHWEST HOSPITA					STOWN	ATH		BALTIM	
	100. STATE 100. COUNT MARYLAND BA	LTIMORE	10c. C	BALTI					1	d. INSIDE CITY LIMITS?  YES 2 X NO
	100. STREET AND NUMBER 2602 LIGHTFOOT DE	RIVE			1.01	P CODE 21209		10g. CITI	U.S.	
11. MARITAL STATUS  1									hita, etc.	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			r's usual occ of work done dur use retired.) MANAGE	ring most of	f working		TRIAL (		Y
		RGEL				DINA	ME (First, Middle, M	VENDRÓV		
	19a. INFORMANT'S NAME (Type/Print) MRS. ASYA KHURGEI		19b. MAILIF 2602	LIGHT	FOOT	Number or Rural R	BALTO.,	or Town, State, Zip MD. 212	209	
	20s METHOD OF OISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	BA	PLACE ANODAT	E°"HEBRE	EW	1/1	6/95	RANDAL	City or Town, LLSTOWI	
	21. SIGNATURE OF FUNERAL SERVICE LIK	M. Gette	n	SC 60	L LE	EISTERS	& BROS. STOWN RD	.,BALTC		21215
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Appropriate CAUSE (Size)								Approximate interval Batween Onsat and Death	
	DUE TO (OR AS A CONSEQUENCE OF):  Metastatic to liver and lung.  OUE TO (OR AS A CONSEQUENCE OF):									
	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):						
	PART II. Other significant condition	na contributing to death b	ut not resulting	g In the unde	erlying ca	auaa givan in f	PE	AS AN AUTOPSY ERFORMED? 'ES 2 NO	CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ı								Ť	1 [	YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

28a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER:

5 Residence 6 Other (Specify) 28b. TIME OF

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated

28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 🗷 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Randallstown

29b. SIGNATURE AND TITLE OF CERTIFIER MD 9922

29c. LICENSE NUMBER 35 844 29d. DATE SIGNED (Month, Day, Year) 95 14 01

mo

30. NAME AND ADDITIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D Roggen
31. DATE FILED (MONTH, Day, Year) Northwest Hosp Ctr. 5401

32. REGISTRAR'S SIGNATURE 3AN 17

OHMH-18 Rev 1/89

MAN I TIBLE THE SECTION OF

DHMH-16 Rev 1/89

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BOX	
P.O.	
RECORDS	
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OF VI	
SION	
DIVISIO	

_	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF FICATE O		MENTA	REG. NO.	E						
		KATIE IRENE K				2. DAT			EAR	TIME OF DE	a.			
	4. SOCIAL SECURITY NUMBER  203-10-4080  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖵 F	E (In yrs. lest birthde	MONTHS DAYS	HOURS MIN.	MAR	OF BIRTH (h, Day, Year)	12	Country) Penns	CE (State or				
CTOR	The second secon	terian Home		Tows	OR LOCATION OF D	EATH			of DEATH	Cour	aty			
DIREC	10a. STATE 10b. COUR		TOWN OR LOCATION  Itimore City					10d. INSIDE CITY LIMITS? 1X YES 2 NO						
FUNERAL	100. STREET AND NUMBER  3424 Mayfield Av	zomio			101. ZIP CODE 21213				10g. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:				U. S.A.  14. RACE — American Indian, Black, White, etc.  Specify:					
LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	"S USUAL OCCUPAT of work done during in use retired.)	rk done during most of working retired.)				TRY	White				
COMPL	17. FATHER'S NAME (First, Middle, Last)	FATHER'S NAME (First, Middle, Last)					Medica  Middle, Maiden 8		pital					
86	Herman  19a. INFORMANT'S NAME (Type/Print)	Kr	ramer		Carrie				eiche	ert				
TO BI	Sue Duell				court, To									
	20e. METHOD OF DISPOSITION 1	emoval from State	06. PLACE AND DAT	E OF DISPOSITION //		OAT	F 20c LOC	ATION - CIT	or Town S	State				
	Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212										212			
	23. PART I. Enter the diseasea, or complications that caused he deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Acute Renal Failure  OUE TO (OR AS A CONSEQUENCE OF):  b. Chronic Renal Failure  DUE TO (OR AS A CONSEQUENCE OF):  c. Chronic Polynephritis  CAUSE (Disease or injury the initiated events resulting in death) LAST										Between nd Death			
RTIFICATION											ears			
MEDICAL CE	PART II. Other algorificent condition Hypertensive Va Radiculopathy DID TOBACCO USE CON	scular Disea		PERI 1 YES				AN AUTOPSY ORMED?  2 NO COMPLETION OI OF DEATH?  1 YES 2		F CAUSE				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☑ NO	HOSPITAL:	26. PLACE OF DI	OTHER:	))									
BY PHYS	27. MANNER OF DEATH 1 X Netural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Ou  28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c. IN	ma 5 Realdence	_	Pr (Specify) SCRIBE HOW IN	JURY OCCUR	EΟ					
TED	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	26a PLACE OF IN HIE	RY — Al home, larm ecify)	, street, lactory, off			CATION (Street ar or Town, State)	nd Number or	Rural Route	Number,				
MPLE		/SICIAN: To the best of my known							ause(s) and	manner as	stated.			
2 6	290. BIGHATURE MAD TIFLE OF GERTIF	EN (1)			29c. LICENSE NUI	MBER		29d. DATE S	GNED (Mon	th, Day, Year	7)			
TO B	36. NAME AND ADDRESS OF PERSON W	V G V ()	on Print	D-1102	26		JAN.	16,	1995	<u>;</u>				
	S.J. Venable, M.	D. 610 Wilton 32. REGISTRAR'S SIG	D-11026  JAN. 16, 1995  S.J. Venable, M.D. 610 Wilton Road, Towson, Maryland 21286											

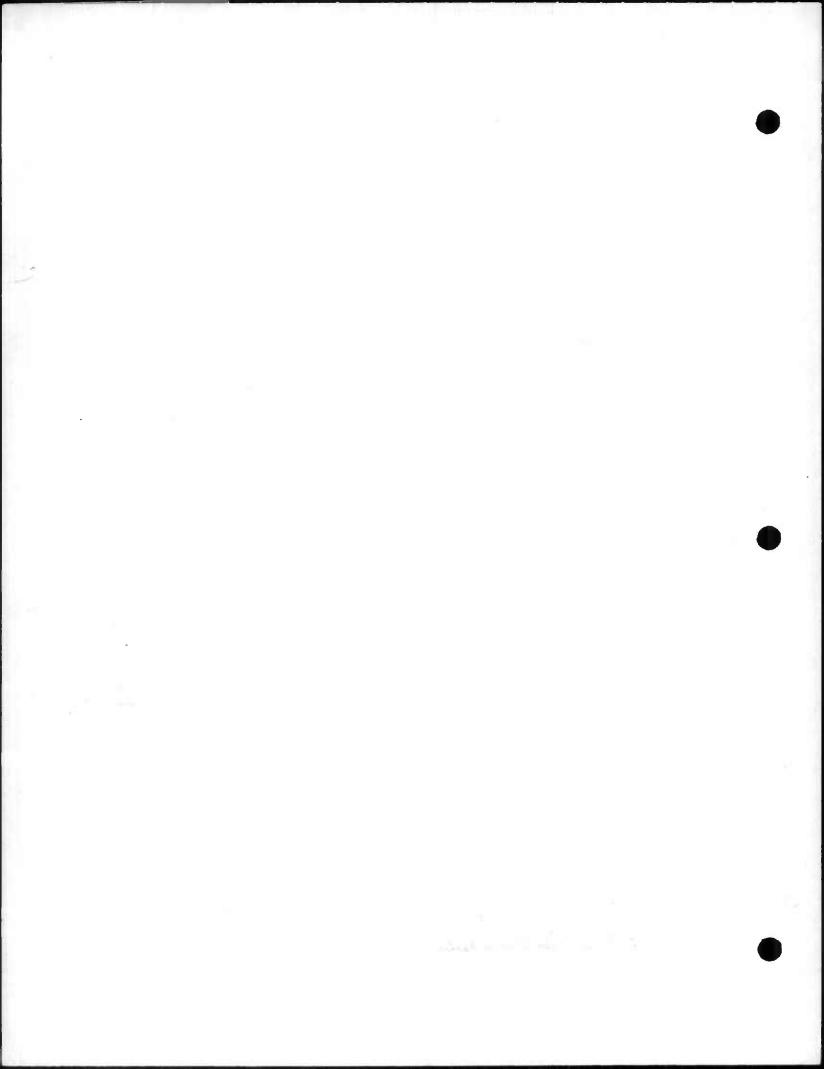
. 68760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

G PHYS	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or i

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

_	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO					
1	1. DECEDENT'S NAME (First, Middle, Last)  STACY L. LOVE  4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (III)				2. DATE OF DEATH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO	9	3. TIME OF DEATH			
	o. Aug. (III)	yrs. last birthday) 27 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) ULY 18, 1	067	BIRTHPLACE (State or Foreign Country) IARYLAND			
	9a. FACILITY NAME (If not institution, give street and number)	тн	9c. COUNTY OF DEATH							
0	UNIVERSITY HOSPITAL		BAL	IMORE CIT	Y	N/A				
S	10a. STATE 10b. COUNTY	10c, CITY.	TOWN OR LOCA	TION			10d, INSIDE CITY			
L DIRECTOR	MARYLAND N/A		BAI	TIMORE CI	TY	LIMITS? 1)∑ YES 2 □ NO				
FUNERAL	2553 W. FAIRMOUNT AVENUE			21223		Į	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Maxican, 3 2 140 Specify:	ORIGIN? (Specify Year Puerto Rican, atc.)	or No 14	14. RACE — American Indian, Black, White, etc. Specify: BLACK			
臣	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	rk done during m	ON ost of working	166. KIND OF BUS	SINESS/INDUS	TRY			
jij	Elementary/Secondary (0-12) College (1-4 or 6 +)	Ille. Do NOT use	retired.)	•						
COMPLETED	9th GRADE	LABORE	R		EMPLOYM		ERVICES			
8	17. FATHER'S NAME (First, Middle, Last)			· I i · · · · · · · · · · · · · · · · ·	E (First, Middle, Meiden	Surname)	DECE			
BE	BOBBY LOVE  190. INFORMANT'S NAME (Type/Print)	1		PATRUSSE			BEST			
2	MARY HUDSON	10 SOU	TH WIL	ARD STREE	ute Number, City or Town	n, State, Zip Co	4D. 21223			
	20e, METHOD OF DISPOSITION 1   Neurisi 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   DATE   DATE   DATE   20c. LOCATION - City or Town, State   4   Donation 5   Other (Specify)   DATE   DATE   20c. LOCATION - City or Town, State   4   Donation 5   Other (Specify)   DATE   DATE   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town,									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		JOSE 1913	NO ADDRESS OF FACI PH H. BROV W. BALTIN	IN JR. FUN IORE ST.,	NERAL I BALTIN	HOME, P.A. MORE, MD. 21223			
	<ol> <li>PART I. Enter the diseases, or complications that coused to ahock, or heert failure. List only one ceuse on each</li> </ol>	the death. Do no ch line.	t enter the me	ode of dying, such	aa cardiac or reapi	ratory arrest	interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ITWY	NUNE	DEFICIENC	HUNKS K	ROME	Onset and Death			
NO	Due to (or as a consequence of):  Sequentially list conditions,									
ICATI	cause. Enter UNDERLYING CAUSE (Disease or trijury	AS A CONSEQUENCE OF):								
CERTIFICATION	that initieted events resulting in death) LAST  d.	CONSEQUENCE OF):								
	PART It. Other algorificent conditions contributing to death but	not resulting in	the underlyin	a cause alven in Pr	ert I. 24a, WAS AN	AUTORCV	24b. WERE AUTOPSY FINDINGS			
EDICAL			the analysis	g value given in it	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
					1 YES 2	□ NO	DF DEATH?			
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH VEC		UNCERTAIN	_		1 TES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL 26	L PLACE OF DEATH		UNCERIAIN						
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpet		OTHER:	n E   Besidence &	[] Other (December)					
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME		URY AT 2	Bd. DESCRIBE HOW II	VALUEY OCCUE	ED.			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUI	M 1 🗆	YES 2 NO						
ETED	3 Suicide 6 Could not be datarmined 28s. PLACE OF INJURY – building, stc. (Specify	- At home, farm, str	eet, factory, offic	2	8f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,			
2										
COMPL	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination of examinatio						suse(s) and menner as stated.			
H	29b. SIGNATURE AND TITLE OF FEMILIER		-	29c. LICENSE NUMB	ER	29d. DATE SI	GNED (Month, Day, Year)			
2	36, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, P	rint)	-		+1	01/0			
	University of Maryland of Mary	spito	2							
	JAN /7 1995 Jali July 1	Z.								
	F 100 10.0 A									



MORE, MARYLAND 21215-0020

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BALTII	death.
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	hours
00	within 24
( 6876	a law requires that the death certificate be executed within 24 hours after death.
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<u>~</u>	that 1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL DR ATTENDING PHYSICIAN: Th
Z	NG
2	2
2	ATTE
	DR.
	HOSPITAL

		FOR 1 STATE	STATE OF MARYL	AND /	DEPAF	RTMENT OF H	HEALTH AND	MENTAL HYGIFA		J	10004	
		1. DECEDENT'S NAME (First, Middle, List) Lily	Levin			ICATE OF		REG. NO	).	YEAR 3.	TIME OF DEATH	
								Jan. 6,	1995		1:45A M	
9		4. SOCIAL SECURITY NUMBER 213-48-7213	1 □ M 2 X F 10	in yrs. lest	birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 10,	1892	Country!	MCE (State or Foreign USSIA	
2, 3 shou	OB	96. FACILITY NAME (If not institution, give street end number) Hebrew Home of Greater Wash.  PRESIDENCE OF DECEDENT  96. COUNTY OF DEATH ROCKVILLE  96. COUNTY OF DEATH Montgomery										
- SS	2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									d. INSIDE CITY	
F. Pag	DIRECTOR	Maryland Mont	tgomery		Rockville					LIMITS? X		
by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should at once.	FUNERAL	100. STREET AND NUMBER 6121 Montrose Road 100. ZIP CODE 20852									. A .	
	BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	3,734	NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer if yes, apecify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:					Black, White, etc.  Specify:		
		15. DECEDENT'S EDUC	ATION	EDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS /INDI		hite		
	COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of a Do NOT us	work done during mo se retired.) RKEL	ost of working	own ho		,,,,,		
	E COM	17. FATHER'S NAME (First, Middle, Lest) Solomon Freedma				16. MOTHER'S NA	AME (First, Middle, Meiden Steariks	Sumame)				
5 should	TO BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									814	
		Joseph Levin  20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 - Remor		PLACE A	ND DATE	OF DISPOSITION (Na	ame of		CATION CI			
Page 6 ma il director, p ner must		4 Donation 5 Other (Specify)	ET	ësa	veti	rograd			shingt		DC	
death. e funera ll. exami		Falls Church, Va. 22046										
in by rem		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Between										
Pe on,		disease or condition Cerebral thrombosis, right  a. Cerebral thrombosis, right									Onset and Death 3 days	
completely ial, cremati event, t	_	DUE TO (OR AS A CONSEQUENCE OF):										
8 2 E	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING										
death certificate be attending physician ental Hygiene prior to iry, or other traun	TIFIC	CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):								
death atten ental P	CE	d.										
w requires that the d bt. of Health and Me shows any Injur	MEDICAL	PART II. Other algorificant conditions Generalized at	herosclero	ut npt re	eulting (	In the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	COI	RE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
requires een sign of Heaf		DID TODA CCO LICE CON ED	INITE TO CALLET						••		YES 2 NO	
has b Dept.	SICIAN:	DID TOBACCO USE CONTR		-		S LI NO X	UNCERTAI	N 🔲 📗				
SICIAN: The certificate h the State [d, or item	SIC		HOSPITAL: 1   Inpetient   2   ER/Outpet			OTHER:	e 5 🗆 Residence	6 Other (Specify)				
NG PHYSICI fler this cer eath with th marked, o	ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF 28c, INJ URY WO		26d. DESCRIBE HOW I	NJURY OCCUI	RED		
DRECTOR: After thours after death litem 28 is mar	9	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At hom	e, farm, s	street, factory, office	•	281. LOCATION (Street of City or Town, State)	end Number or	Rural Route	Number,	
E BE	COMPLET		IAN: To the best of my knowle								d manner as stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Attending ;	Physi	Tian	h	29c. LICENSE NUI	MBER S & Y	29d. DATE 9	IGNED (MO	onth, Day, Year)	
	ĭ I	30 NAME AND ADDRESS THE DEDSON WHO	COMPLETED CAUSE OF DEA	THE ATER	ATR (T .	21.0			-			

ROCKVILLE MONTROSE 31. DATE FILED (Month, Day. 1995

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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17.0

ITEMS: 1. & 19b. PER F.H. FILM G-719 1/17/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH JAMES JAMES HOWARD LINDY JAN 99 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Oct 31, DAYS HOURS 215-30-8840 61 YRS. 1 🔀 M 2 🗆 F 1933 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1206 Glenhaven Road 21239 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Specify: 3 Wildowed 4 Divorced 1954 - 1956 White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Electrical Engineer Once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William E. Lindt Bessie M. Massey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Boute Number City of Town, State, Zio Code) 2 Ann Amelia Lindt 1206 Glenhaven Road Baltimore, Md. 2121 21239 20a. METHOD OF DISPOSITION
1 № Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Gardens of Faith Cem. 1/16/95 Baltimore Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES MI LTON 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. Knight Jr 5305 Harford Road Baltimore, Md. 21214 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onaet and Death diseese or condition SEPTIC SHOCK
DUE TO (OR AS A CONSEQUENCE OF): 3 DAYS resulting in death) OVERWHELMING SEPSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING FOCUS OF INFXN NOT CLEAR DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury that initiated events resulting in death) LAST 5 PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO ADENOCARCINOMA LUNG COMPLETION OF CAUSE 1 YES 2 NO END STAGE RENAL DISEASE 1 YES 2 WHO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPINAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO tlent 2 - ER/Outpetient 3 - DOA 5 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicida ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my pinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 200. SIGNATURE AND FITTES OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE M.D P P 3 1 P-0770 JAN.13 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIE JEAN T. MACARUBBO, GOOD SAMARITAN

32. REGISTRAR'S SIGNATURE Devotion Rentall

31. DATE FILED (Month, Day, Year)

1,99.7

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

8

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

TO BE

AGE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARKESU OND

95 00806 IYEMS: 10F,17 PER F.H. G-719 1/17/95 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH CAUDIA 7:41 A LA FOYN THIN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 15, 1913 DAYS HOURS 573-10-1015 81 New York 1 M 2 X F 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Southern Maryland Hospital Clinton Prince George RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Harwood 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 47471 Flanders Lane **207u7** 20776 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify white 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) waitress Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) John William Basiliere Emma Charebois 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John Parfitt 47471 Flanders Lane Harwood, Md. 20776 20e. METHOD OF DISPOSITION
1 Decree 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Prospect Hill Cemetery 1/17 Gloversville, NY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENȘEE Donaldson Funeral Home P.A. Grego 313 Talbott Ave. Laurel, Md. 20707 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Batween **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition ACUTE MYO CORDIDE ZAFBALTION YDAYS resulting in death) COMMON ANTENY DISEBSE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ABDWINDL ANDINSYM PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THE CAMERIC OBSTRUTIVE LUPL- DISLOSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 \( \sum \) Nursing Home 5 \( \sum \) Residence 6 \( \sum \) Other (Specify) 1 YES 2 NO Ingstient 2 - ER/Outpetient 3 - DOA 27, MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 | Ratural Pending 1 YES 2 NO Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) end menner es steted. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated. 29b. MATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE S/GNED (Month, Day, Year)

7700 OLD BRANCH BUR CLINTON NON73.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE O	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		ERTIFICATE	OF	F DEAT	TH		REG.	NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	UNA C	· Lif	PPY			1 ANGARY I	W 199	X: SO AM
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (In yrs.		JNDER 1 YEAR	IF UNDER 24 HRS.	A DATE OF DUM		
		M 2 X F 99	YRS. MON	THS DAYS	HOURS MIN,	(Month, Day, Year) Nov. 12,	1895 ขึ	irginia
~	9a. FACILITY NAME (if not institution, give street as				R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	Good Samaritan H	ospital		Balti	more			
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d, INSIDE CITY
	Maryland		Bal	timor	0			LIMITS?
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1204 W. 36th Str	eet			21211		U.	S.A.
E.		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 25				IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3XXVidowed 4 Divorced	FORCES? 1 TYES 25 F YES, GIVE WAR OR DATES			XX NO Specify			Specify:
	15. DECEDENT'S EDUCATION	N 18a.	DECEDENT'S USUA	AL OCCUPATIO	N	186, KIND OF BU	SINESS/INDUST	White
E.	(Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade compliance (Specify only highest grade (Specify only highest	leted)	(Give kind of work of life. Do NOT use reti	done during mos red.)	t of working			
MPL	4		Sales				Retai	1
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Malden		
BE	Joseph Martin	Breedon			Eliza		Comb	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		21234
	Hilda Terzano 20a. METNOD OF DISPONITION							Maryland
	1X Buriel 2 Crements at 2 Removed to	rom State comotons	CE AND DATE OF DIS crematory or other p	lana!		1	CATION — City	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSES	Mor	erand I	Memor.	DADDRESS OF FA	K1/18 Pa	rkvil	le,Maryland
	* Henry 10	Terran De	)			ss Funer	al Ho	me 21211
-	22 BADY I Enter the Property of the Property o	wigee IV		3631	Falls	Road, Bal	timor	e.Maryland
	23. PART I. Enter the diseases, or compl ahock, or heart fellure. List of	only one ceuse on each I	deeth. Do not e ine.	nter the mod	ie of dying, auci	h sa cerdiec or reap	Iratory arrest,	, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	2 10 1	1-0					Onset and Death
	resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF:					2 days
7	<b>-</b> .		ocoociioc oi j.					/
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):					
<u>S</u>	cause, Enter UNDERLYING CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):					
<b>E</b>	d							
AL	PART II. Other significent conditions con	tributing to deeth but no	t reaulting in the	e underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
	LEHI CERESK	OVASCULA	HR AC	CLD	ENT.	1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W W	CONCESTIVE	HEART	FASIL	URE				1 TES 2 M NO
ä	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF DE	EATH YES [	□ NO 🖾	UNCERTAIN	4 🗆	İ	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL SPITAL:	ACE OF DEATH (C)	heck only one) HER:				
IXS	1 YES 2 NO 1 NO	Inpatient 2 ER/Outpatient	3 DOA 4 🗆	Nursing Home		6 Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY	28c. INJU WOF	IK?	28d. DESCRIBE HOW	NJURY OCCURE	žD .
B	2 Accident Investigation 3 Suicida 8 Could not be	28e. PLACE OF INJURY At	home ferm street		ES 2 NO	281. LOCATION (Street	and Number or C	Dural Bouts Alumbas
	4 Homicide 8 Could not be	building, atc. (Specify)		,,,		City or Town, State)	and realisted of re	isiel riosto reginos,
Ë	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the heat of my knowledge	death assumed at	the time date				
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On							nuse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	7			29c. LICENSE NUM			
BE	my 8. X	mc- >	7.1		Dogn'	7.7	► 14	GNED (Month, Day, Year)  NASY ( 1991
2	30. NAME AND ADDRESS OF PERSON WHO COM	IPLETED CAUSE OF DEATH (	TEM 27) (Type, Print)		T VAU		777	V-11/13
ļ	FAM SABA, 7D	. 5601 L	OCH E	AVE	N BLI	1D. BA	cily	ORE MDZIZ
	JAN I 7 1995 Julia	Mudeor Karlall					•	

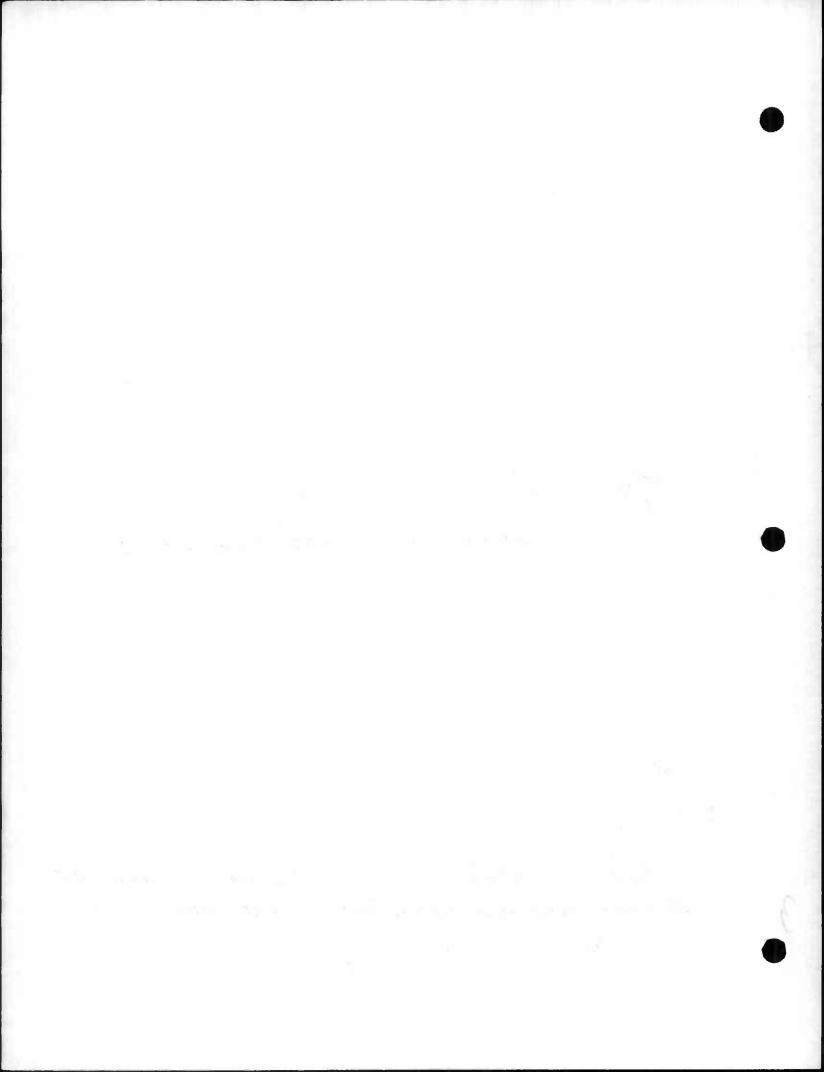
BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL CHECITIES ARE this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after own with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 23 manned, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

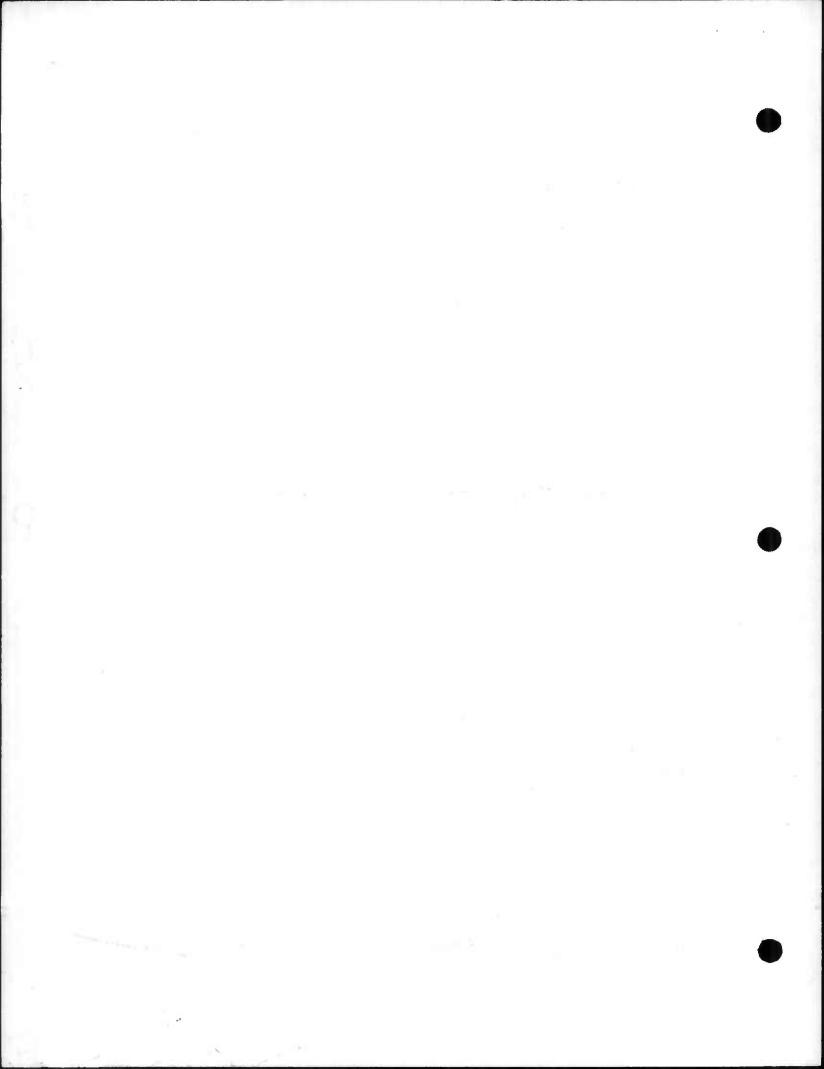
	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATH
	Harley	Sanford	T.	cque		Janua	2 127 1		QQ5	4:00a
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS			2, 1		
	015 10 0000	1 ⊠ M 2 □ F		MONTHS DAYS	HOURS MIN	(Month, E	Day, Year)		Count	HPLACE (State or Foreign ry)
	215-18-8292		73 YHS.			07/	17/1	921	Md	•
	9e. FACILITY HAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COL	JHTY OF D	DEATH
0	515 S. Belnord A	lve.		Ba	ltimore					
5										
DIRECTOR	16s. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Md.			Baltim	ore					1 YES 2 NO
A	10e. STREET AND HUMBER			101	. ZIP CODE			10g. CIT	IZEH OF	WHAT COUNTRY?
FUNERAL	515 S. Belnord A	ve.			21224			U	SA	
15	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HIS	ANIC ORIGIN?	Specify Yes	or No-	14. RACI	E — American Indian,
	1 Never Married 2 🔣 Merried	FORCES? 1 Y		If yes, sp	ecify Cuban, Mex	ican, Puerto Rici	en, atc.)		Black	k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	N DATES	1 U YES	NO Spi	city:			Spec	
COMPLETED	15. DECEDENT'S EDI	UCATION	16e. DECEDENT'S	USUAL OCCUPATION	ON	185 KI	IND OF BUS	IMERC/IM	DUSTRY	White
I E	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of v	work done during mo	ast of working	100. K	IND OF BOX	3114E QQ/114	DOSTAT	
1	9	College (1-4 or 5+)	Filte	r Man		7.7	llied	Cho	miga	1
<b>E</b>	17. FATHER'S NAME (First, Middle, Last)		TITUE.	LINGII					IIII Ca.	L
		T				NAME (First, Mide	dle, Meiden	Surneme)		
H	Harley	Logu	е		Blanc	he			No	rman
2	19e. IHFORMANT'S NAME (Type/Print)		19b. MAJLINO	ADDRESS (Street a	and Number or Aur	si Route Number,	City or Town	n, State, Zi	p Code)	
-	Evelyn Logue		515	S. Belno	rd Ave.	Baltin	nore,	Md.	2122	24
	20e. METHOD OF DISPOSITION 1 Burlel 27 Cremation 3 Rea		20b. PLACE AND DATE		ame of	DATE	20c. LO	CATION -	City or To	rwn, State
	4 Donation 5 Other (Specify)		cemetery, crematory or or Greenmoun		rv	01/13	Da 1	+imo	re, l	5N
	21. SIGHATUBE OF FUHERAL SERVICE LI	ICEHSEE 4	CITCLETIIIOUT		ND ADDRESS OF		I Da I	CINO	-	MU.
	KAHLORD	11/1/1/11		David	J. Web	er Fune	eral	Home		
	23. PART I. Enter the diseases, or	Willer		401 S	. Chest	er Stre	eet,	Balt	o. Mo	1. 21231
	ahock, or heart fallura.									Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		MOWN CE	ell co	ARCIN	om A	01			Interval Between
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)			ell C	ARCIN	om A	8			Interval Between
TION	IMMEDIATE CAUSE (Final disease or condition	a. Sq/way			ARCIN	(om A	8			Interval Between
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Sq/way	MOWN CE		ARCIN	om A	8			Interval Between
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR A	MOWN CE	F):	ARCIN	OM A	9			Interval Between
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR A	AS A CONSEQUENCE OF	F):	ARCIN	(OM A	8			Interval Between
. CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A  c. DUE TO (OR A  d.	IS A CONSEQUENCE OF	-j: -j:				. Lu	ing	Interval Between Onset and Death
CAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR A  c. DUE TO (OR A  d.	IS A CONSEQUENCE OF	-j: -j:			Ia. WAS AN PERFOR	AUTOPSY	ing	Interval Between
DICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A  c. DUE TO (OR A  d.	IS A CONSEQUENCE OF	-j: -j:		n Part I. 24	le. Was an	AUTOPSY	ing	Interval Between Onset and Daath
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	b. DUE TO (OR A  c. DUE TO (OR A  d	IS A CONSEQUENCE OF	r): r): in the underlying	g cause given	n Part I. 24	la. WAS AN PERFOR	AUTOPSY	ing	Interval Between Onset and Daath Onset and Daa
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A  c. DUE TO (OR A  d	IS A CONSEQUENCE OF	r): r): in the underlying	g cause given	n Part I. 24	la. WAS AN PERFOR	AUTOPSY	ing	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE CONT	b. DUE TO (OR A  c. DUE TO (OR A  d	IS A CONSEQUENCE OF	r): In the underlying	g cause given	n Part I. 24	la. WAS AN PERFOR	AUTOPSY	ing	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO (OR A  c. DUE TO (OR A  d	S A CONSEQUENCE OF DEATH YE  26. PLACE OF DEATH  AUTOMOTIVE  20. PLACE OF DEATH  21. PLACE OF DEATH  22. PLACE OF DEATH  23. PLACE OF DEATH  24. PLACE OF DEATH  25. PLACE OF DEATH  26. TIME	The interior of the interior o	g cause given  UNCERTA  5 □ Residenc	n Part I. 24	Ie. WAS AN PERFOR	AUTOPSY MED?	ing 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation   Pending inve	DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL:  1   Inpatient 2   ER/C  26e. PLACE OF INJUI  26e. PLACE	S A CONSEQUENCE OF S A CONSEQUEN	S NO CAN NOTHER: 4 Nursing Home Sec. IHJURY WO TO THER, A CAN NOTHER, A	UNCERTA  e 5   Residence USY AT  RES 2   HO  end place, end d	IN Description of the Calver of the cause of	DA. WAS AN PERFORM  PERFORM  YES 2  Pecify)  IBE HOW IN  OH (Street e)  s) end men	AUTOPSY MEO?  NO  NJURY OC  Ind Number	24b.  CURED  r or Rural R	Interval Between Onset and Daath Onset and Daath
PLE ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation   Pending inve	DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL:  1   Inpatient 2   ER/C  26e. PLACE OF INJUI  26e. PLACE OF INJUI  building, etc. (S	S A CONSEQUENCE OF S A CONSEQUEN	S NO CANAL CONTROL OF THE RESEARCH OF THE RESE	UNCERTA  e 5   Residence USY AT  RES 2   HO  end place, end d	IN Description of the Calver of the cause of	DA. WAS AN PERFORM  PERFORM  YES 2  Pecify)  IBE HOW IN  OH (Street e)  s) end men	AUTOPSY MEO?  NO  NJURY OC  Ind Number	24b.  CURED  r or Rural R	Interval Between Onset and Daath Onset and Daath
CO PLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation   Pending inve	DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ERVC  26e. DATE OF INJU (Month, Day, Yea  26e. PLACE OF INJU building, stc. (S)	S A CONSEQUENCE OF S A CONSEQUEN	S NO CANAL CONTROL OF THE RESEARCH OF THE RESE	UNCERTA  e 5   Residence USY AT  RES 2   HO  end place, end d	n Part I. 24  1  1  6 Other (S  28d. DESCR  281. LOCATIC City or 3	DA. WAS AN PERFORM  PERFORM  YES 2  Pecify)  IBE HOW IN  OH (Street e)  s) end men	AUTOPSY MED?  NO  NJURY OC  nor es ataid d due to the	24b.  CURED  To Rural R  ted.  the ceuse(s	Interval Between Onset and Daath Onset and Daath
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BE CO. PLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ERVC  260. DATE OF INJU (Month, Day, Yes  260. PLACE OF INJU building, etc. (S	S A CONSEQUENCE OF S A CONSEQUEN	The control of the street, factory, office on, in my opinion, description.	g cause given  UNCERTA  5	In Part I. 24  1  IN	DA. WAS AN PERFORM  PERFORM  YES 2  Pecify)  IBE HOW IN  OH (Street e)  s) end men	AUTOPSY MED?  NO  NJURY OC  and Number  ner es atter d due to the	24b.  CURED  or Rural R  ted.  ted.  E SIOHED	Interval Between Onset and Daath  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  (Month, Day, Year)  3 - 95
BE CO. PLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending Investigation investigation determined  2 Accident 4 Homicide determined  2 CERTIFIER (Check only one) 2 MEDICAL EXAMIHITATION ONE) 2 MEDICAL EXAMIHITATION ON TITLE OF CERTIFIER  30. HAME AND ADDRESS OF PERSON WITH A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CANADINATION OF THE CONTROL OF THE CONTRO	DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ERVC  260. DATE OF INJU (Month, Day, Yes  260. PLACE OF INJU building, etc. (S	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF DEATH YE  26. PLACE OF DEATH  26. PLACE OF DEATH  26. TIMI  18Y — At home, farm, a specify)  DEATH (ITEM 27) (Typo, Death (ITEM 27	The control of the street, factory, office on, in my opinion, description.	g cause given  UNCERTA  5	In Part I. 24  1  IN	DH (Street e cown, Stete)	AUTOPSY MED?  NO  NJURY OC  not Number  ner es attet d due to th	24b.  CURED  or Rural R  ted.  ted.  E SIOHED	Interval Between Onset and Daath  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  (Month, Day, Year)  3 - 95



and, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

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MODERA	FUNERAL	within 72	TANT: II
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	1 - FOR STATE OF MA	RYLAND / DEPART CERTIFIC	MENT OF HEALTH	AND MEI	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lyst) Arthur Leishean				DATE OF DEATH MONTH DA	NY Y	YEAR 255 P M	
	213-18-6332 1 D M 2 D F		FUNDER 1 YEAR IF UNDER 2	MIN. Ma	DATE OF BIRTH	.919	BIRTHPLACE (State or Foreign Country Maryland	
FOR	8e. FACILITY NAME (If not institution, give street and number)  Laurel Regional Hospital  RESIDENCE OF DECEDENT	onal Hospital Laurel						
DIRECTOR	10a. State 10b. COUNTY Maryland Howard		town or Location Laurel				10d. INSIDE CITY LIMITS? 1  YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 9857 Lyon Avenue		101. ZIP CODE 2072	2		10g. CITIZEI	N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced World	YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuben. 1 YES 2 NO	HISPANIC O	RIGIN? (Specify Yes serto Rican, etc.)		RACE — American Indian, Black, White, etc.  Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Mainten	k done during most of working etired.)		16b. KIND OF BUS	Gover		
	17. FATHER'S NAME (First, Middle, Last) Arthur Elwood Leishear				First, Middle, Melden Redmiles	Surneme)		
TO BE	190. INFORMANT'S NAME (Type/Print) Louise A. Leishear		ODRESS (Street and Number of	r Rural Route	Number, City or Town		20723	
	20e. METHOD OF DISPOSITION  1 X Burlet 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Date Company Cremation of Manager)  20c. LOCATION — City or Town, State							
	21, SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY							
$\dashv$	22. PART I. Enter the diseases, or complications that c	aused the death. Do not	313 Talb	ott Av	venue La	urel,	Md. 20707	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Preum on a	ân,				Interval Between Onset and Death	
NO			Instruction po	dnaaq	2 dosin		yns	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):						
CERTI	resulting in death) LAST							
AL		1.671 4 otz		ven in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	DID TOBACCO USE CONTRIBUTE TO CAUS	- OF DEATH VEC		RTAIN E			OF DEATH?	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH		KIAIN L	J			
PHYSICIAN: MEDIC	1	URY 26b, TIME C	□ Nursing Home 5 □ Resi	28d	Other (Specify) . DESCRIBE HOW IN	JURY OCCUR	RED	
ED BY	2 Accident Investigation	IJURY — At home, farm, stre (Specify)	M 1 YES 2	_	LOCATION (Street e City or Town, Stete)	nd Number or I	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my one)	knowledge, death occurred	it the time, date end place, e	and due to th	e cause(e) end men	ner se stated.		
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	Ination end/or investigation,	29c. LICEN	SE NUMBER			IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pr	int)	3357	9	<b>&gt;</b> /	1/13/95	
	4000 Mikeleville Rd Sule 2 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S		MJ 207/6					
	JAN 1 1995 jale Davidson							



TO THE MISTRIA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The MISTRIA CONSTITUTION OF ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should life may be marked or them 28 is marked or them.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M			TMENT ICATE					YGIENI	E		
	t. DECEDENT'S NAME (First, Middle, Last) ESTHER I		LUCHINS						2. DATE OF MONTH	DEATH DAY	,1995	YEAR	3. TIME OF DEATH  11:30P M
1	4. SOCIAL SECURITY NUMBER 212-07-1353	1 🗆 M 2 🖔 F	6. AGE (In yrs. last	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH		BIRTHR	MARYLAND
OR	9a. FACILITY NAME (If not institution, give s 8321 CHARMEL DRI	RIVE BALTIMORE							9c. COUN	LTIM			
DIRECTOR	THE SIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MARYLAND BALT	TIMORE BALTIMORE							10d. INSIDE CITY LIMITS?				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8321 CHARMEL DRI	101. ZIP COOE 21244										AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 VN	MED		it yea, spe	NDENT O	F HISPAN	IIC ORIGIN? (S n, Puerto Rice	Specify Yea in, atc.)		I4. RACE Black,	- American Indian, White, etc. WHITE
COMPLETED	ts. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th.	CATION completed) College (1-4 or 5+)	(Gr	ve kind of a Do NOT us	USUAL OF WORK done on retired.)	during mos	t of workin	g			AL OF		
BE CON		TTEN					]	BESS:					
2	19a. INFORMANT'S NAME (Type/Print) MRS. LINDA WAXT	ER	- 1						ings M				7
	20a. METHOD OF DISPOSITION  1 Buriet 2 Cremation 3 Ramoval from State  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign, pre-malage, or char place)  20b. PLACE AND DATE OF DA						•						
	21. SIGNATURE OF UNERAL SERVICE LIC	Leeux	un		60	SOL I 010 H	LEVII REIS'	TERS:	& BRC TOWN F	D.,B	ALTO.	,MD.	21215
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cour TO (	OR AS A CONSECUTION AS	CONTRACTOR OF	arei								Approximats Interval Between Oneet and Dasth Simo Villas
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ps of	Sallblu	dde				ertain		PERFORE	MED?		WARE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER 4 Num	R:	5 Ra	aldence (	8 Other (Sp	pecify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF II (Month, Day	r, Year)		URY M			) NO	28d. DESCRI	BE HOW IN	JURY OCCL	IREO	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	INJURY — At hon tc. (Specify)	ne, farm, s	street, fact	ory, office			281, LOCATIO City or To	ON (Street ar own, State)	nd Number o	r Rural Ro	ute Number,
COMPLETED	one) 2 MEDICAL EXAMINE												and manner as stated.
TO 型	THE OF CERTIFIER	Medica	y AHO	ridde	JC		-	17/(8			29d. DATE	SIGNED (	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	etz MA	400			our	+ Po	Su	uto a	203	2	120	8
	JAN 1 7 1995 Jul	32. REGISTRAR		_									



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death, Page 6 may be retained	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

d be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA				GIENE 3. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	J. /		7112 01	DEATH	2. DATE OF DEA			3. TIME OF DEATI	н
LEE, Joss	SPH A	LASKY			January		995	12:20	PH
	SEX 6. AGE (II	and and	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF ORT		a. BIRTHP Country)	LACE (State or For	reign
220-30-7070 1  9a. FACILITY NAME (If not institution, give street		89 YRS.	COTTY TOWNS	21001704.05.0		6,1905		RYLAND	
Union Memorial		91		nore Cit		9c. COU	NTY OF OE	ATH	
RESIDENCE OF DECEDENT	HOSPI CAI		Darer	NOIC CIO	1				
100. STATE 10b. COUNTY		1.50	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER		BALT	TIMORE					YES 2	NO
4000 N. CHARLES ST	1 . NOT #804			ZIP CODE		10g. CITI	ZEN OF WI	IAT COUNTRY?	
	. WAS DECEDENT EVER IN	U.S. ARMED		21218 ENDENT OF HISPA	NIC ORIGIN? (Spec	Ity Yea or No	II.S	American India	
1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	2 NO Specif	an, Puerto Rican, at	lc.)	Black, Specify	White, etc.	**,
3 Widowed 4 Divorced				**	10		opeany	WHITE	
15. DECEDENT'S EDUCATI (Specify only highest grade corr	npleted)	(Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KIND (	OF BUSINESS/INC	USTRY		
Elementary/Secondary (0-12) C	ollege (1-4 or 5 +)	SELF EM	- A					Clothes	
17. FATHER'S NAME (First, Middle, Last)		OLLE E	IPLOYED	18. MOTHER'S NA	AME (First, Middle, A	Anidan Surname)	HES		-
ISRAEL	LASKY				BECCA		POTLO	CK	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City	or Town State, Zip	Code)		
MRS. SALLY LASKY		4000 N	. CHAR	LES ST.,	APT.#804	A, BALTO.	,MD.	21218	
20e. METHOO OF DISPOSITION 1 1 1 Removal		PLACE AND DATE OF C	DISPOSITION (Na	me of	DATE 2	Oc. LOCATION —			
4 13 Donation 5 Other (Specify)		NSHE"EMUN			1/15/95	BALI	10. M	D	
21. SIGNALORE OF PURERAL SERVICE LICEN	PUID	7	SOL I	D ADDRESS OF FA	& BROS.	, TNC.			
Scell 111	unter	3	6010	REISTER	STOWN RE	BALTO	MD.	21215	
23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused only one cause on ea	the death. Do not ch line.	enter the mo	de of dying, aud	ch aa cardiac or	reapiratory arr	eat,	Approxima interval Ba	
iMMEDIATE CAUSE (Final disease or condition	2 0							Onset and	
resulting in death)	B COUL	Lympho	MA					246	25
_	Cordiovo	CONSEQUENCE OF):	۸. ۱					1	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	TICCLO	Lew					
cause. Enter UNDERLYING CAUSE (Disease or Injury									
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
d								-	
PART II. Other aignificant conditions co	ontributing to death bu	it not resulting in t	he underlying	cause given in	Part I. 24a. W	AS AN AUTOPSY	24b. V	VERE AUTOPSY FIN	DINGS
Service Disc	ider					ERFORMED?		WAILABLE PRIOR T	
					_   ' ' '	- 1		F DEATH?	0
DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES		UNCERTAI	NEK				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2 OSPITAL:	6. PLACE OF DEATH (	Check only one)						
1 YES 2 NO 1	Vinpetient 2 ☐ ER/Outpe	tient 3 DOA 4	☐ Nursing Home		6 Other (Specific				
27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WO	RK?	28d. DEŞCRIBE I	HOW INJURY OCC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY -	- At home, form, etres		ES 2 NO	281 LOCATION OF	Street and Number	or Primi D	oto Alcomba-	
4 Homicide 6 Could not be	building, etc. (Specif	(y)			City or Town,	State)	or nurai rioc	ne Number,	
290. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the beat of my knowle	dge, death occurred a	t the time data	and place, and do-	to the enumerical and	od mannes of the	ad		
	n the basis of examination							and menner es sta	ited.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				Aonth, Day, Year)	
57/	- M1	)		A			-		75
38. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (tTEM 27) (Type, Prin	nt)	0 /	7	11-			
SACIM HAMADE	201 E	ast Un	immit	y Park	cous B	oltimo	MI	1078	17
31. DATE FILED (Month, Day, Hear)  31. DATE FILED (Month, Day, Hear)	OMPLETED CAUSE OF DEA	The Randall		7					

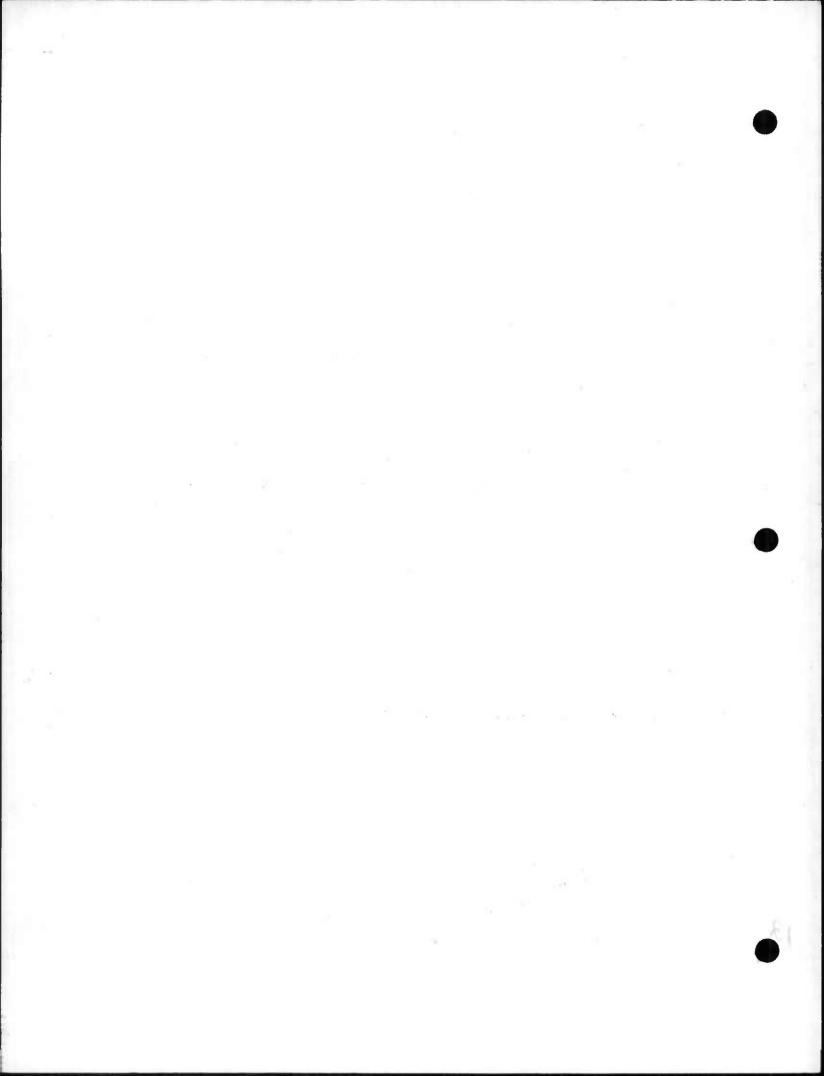
Maria 1895 Alma and a commenced

<b>BALTIMORE, MARYLAND 21215-0020</b>	be retained by the hospital or attending physicia
BALTIMORE	ours after death. Page 6 may be re
. BOX 68760,	rtificate be executed within
0	5

DIVISION OF VITAL RECORDS, P.O. BOX

A DE	DH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	Deferring: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	If m 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
11 May 2 18 18 18 18 18 18 18 18 18 18 18 18 18	OR AT	O PECT	E III

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	st)				2. DATE OF DEATH		3. TIME OF DEATH	
	Irving	Linkow				Jan. 1			
	4. SOCIAL SECURITY NUMBER		MONTHIN DAVIS HOUSE THE MAN				6. BII	RTHPLACE (State or Foreign untry)	
	521-05-7507 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	82 YRS.					lorado	
DIRECTOR	Howard County Ge		1	Columb	OR LOCATION OF DI	EATH	9c. COUNTY O HOWA	_	
EC.	10a. STATE 10b. COUNT	TY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MD How	ard	Co	lumbia				LIMITS?	
FUNERAL	10s. STREET AND NUMBER	1 2		101	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
빌	5923 Grand Ban	KS ROAD  12. WAS DECEDENT EVER II	ALLE ADMED	40 1110 000	21044		USA		
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuban, Maxica	NIC ORIGIN? (Specify Yas in, Puarto Rican, etc.)	В	ACE — American Indian, leck, White, atc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR ON D.	AIES	T L YES	2 NO Specif	у:	Si	White	
TED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)		ork done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUSTR	Υ	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	life. Do NOT use						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	JŦ .	College	Profess		ME (First, Middle, Maiden	Teache	er	
BE C					I G. MOTHER S NA	IME (FIRST, MIDDIE, MILIDEN	Sumame)		
10	19a. INFORMANT'S NAME (Type/Print) William R. Linkov	w (Son)				Route Number, City or Town			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATEO	F DISPOSITION (Na			CATION — City or		
	1 N Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		netery, crematory or othe eadowride			1995 Ell	ridge.	MD.	
	21. SIGNATURE OF THE PART SERVICE LI	ICENSEE //	1	22. NAME AN	D ADDRESS OF FA	CILITY			
	* /C C1a.	Witke	1			ll Witzke H lls Rd. Col			
	23. PART I. Enter the diseeses, of shock, or heart failure	complications that cause.	the death. Do n	ot enter the mo	de of dying, auc	h as cerdiec or respi	ratory arrest,	Approximata interval Batween	
ı	IMMEDIATE CAUSE (Final								
	disease or condition							Houne!	
_	DUE TO (OR AS A CONSECUENCE OF):								
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate  b. Due TO (OR AS A OGNISEOUENCE OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	a B/cd	Ken (	ucen				545	
HE	that initieted events resulting in deeth) LAST	DUE TO (OR AS	CONSEQUENCE OF	):					
EH	Committee of the control of the cont	d. ////	De d	<b>O</b>				3403	
AL (	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   24b. WERE ANALY								
						1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME						_ /		1   YES 2   10	
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	YES   NO	20			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7	OTHER:	ACE OF DEATH (Ch				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME		-	6 Other (Specify) 28d. DESCRIBE HOW II	HIEN OCCUBED		
	Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	284. DESCRIBE HOW II	430HT OCCORED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	At home, farm, at			281. LOCATION (Street a	nd Number or Rur	ral Route Number,	
COMPLETED	4 Momicide determined building, etc. (Specify)								
P		SICIAN: To the best of my know							
5	2 MEDICAL EXAMIN	IER: On the basis of examination	n and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, an	d dua to the caus	se(s) and manner as stated.	
BE	296 TO A TUNE ON CERTIFIE			_	29c. LICENSE NUI	WBER COLOR	29d. DATE SIGN	ED (Month, Day, Year)	
۵ ا	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) /5:	Print)	1)100	7/	- ///	1/97	
	Michael	Kelemer	1 2	Knol.	No	T 606	m61-	- ned	
	JAN 1 7 1995	Jaza di water La	ATURE .					21045	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAI
1. DECEDENT'S N
4. SOCIAL SECUR
214-40-
9e, FACILITY NAM
Good Son RESIDENCE (
10e. STATE
Maryland
6540 Eb
11, MARITAL STATE
1 X Never Merrie
3 Widowed

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG NO

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
3	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF D  MONTH						AV 4514	3. TIME OF DEATH	
		ANE	LAND	TNDIS			JANUARY 13 1995		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	RTHPLACE (State or Foreign untry)	
	214-40-5437	1 □ M 2 🟋 90	YRS.	ONTHS DAYS	HOURS MIN.	Jan. 29,	1904 Pe	nnsvlvania	
	9e. FACILITY NAME (If not institution, give street	et end number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF		
S S	Good Samaritan Ho	spital		Baltim	ore				
5									
E	200			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Maryland Baltim	<u>iore</u>	Balt	imore				1 TYES 2 X NO	
A I					ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
Ä	6540 Ebenezer Road				1220		U.S.	Α.	
FUNERAL DIRECTOR	11, MARITAL STATUS  1 X Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 1 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RA	ACE — American Indian, lack, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES TE		2 NO Specify		1	pecify:	
	15. DECEDENT'S EDUCAT	TION	44 - DECEDENTIA IN					white	
Ë	(Specify only highest grade co	ompleted)	(Give kind of wor life. Do NOT use i	k done during mo	st of working	16b, KIND OF BU	SINESS/INDUSTRY	′	
2		College (1-4 or 5 +)		ourou.		C-11			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	years	Teacher		40 1407115010 1141	Schools			
ŏ	Wilson Alderfer L	andia				ME (First, Middle, Malden		-1	
8	190. INFORMANT'S NAME (Type/Print)	andrs	195 MAILING A	DDESS /Stmot o	Jennie	Route Number, City or Tow		mbridge	
임	Norma L. Ay					iltimore, 1			
	20e. METHOD OF DISPOSITION	20h (	PLACE AND DATE OF				CATION — City or		
-	1 N Buriel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	al from Stateceme	tery crematory or othe	rnlacel		1		Maryland	
	21. SIGNATURE OF PINERAL SERVICE LINES		A Ridge	22. NAME AN	D ADDRESS OF FAC	CILITY		Platytaliu	
		V K.	Y			DEFELD HOME		A	
_		organ Dose		6500 Y	ork Road	Baltimore	e, MD 21	.212	
	23. PART I. Enter the diseases, pr obrahock, pr heart fallura. Lis	mpiicationa that cauaid st only ona cauae on aa	the de <del>ath.</del> Do not ch lina.	antar tha mo	da of dying, auch	n as cardiac or resp	iratory arrest,	Approximate Interval Between	
	MMEDIATE CAUSE (Single								
	disease or condition								
		DUE TO (OR AS A	CONSEQUENCE OF):	1600	7 7	111.50		1+ 110	
NO N	Sequentially list conditions,  Due to (on as a consequence of):  HEART FAILURE IT YR.								
CERTIFICATION	CENILE AFMENTIA								
윤	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):	211/6/	01///			1/2	
Ē	resulting in death) LAST	10 (011110 111						i	
B	d							-	
A	PART II. Other aignificant conditions	contributing to death bu	t not resulting in	tha undarlying	cause given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS	
EDICAL	CHRONIC OBSTA	LUCTIVE A	IKWMY	DISC	7156	1 YES 2		COMPLETION DF CAUSE OF DEATH?	
WE I								1 YES 2 NO	
÷ l	DID TOBACCO USE CONTRIL	BUTE TO CAUSE OF	DEATH YES	□ NO 🗵	UNCERTAIN	<u></u>			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH	(Check only one)					
Š		HOSPITAL: Inpetient 2 - ER/Oulpet		THER:  Nursing Hom	5 Residence	8 Other (Specify)			
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (		JRY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Tour)	III.SON		ES 2 NO				
	3 Suicide a Could not be	28e. PLACE OF INJURY - building, stc. (Specif	At home, farm, stre	el, fectory, office		28f. LOCATION (Street		al Route Number,	
Ε	4 Homicide determined	, sta (speed)	,,			City or Town, State)			
٦	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death occurred	at the time, date	end place, end due	to the cause(e) and mer	oner ee steted		
COMPLETED		On the beele of examination						e(e) end menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			ED (Month, Day, Year)	
R	<del>\$</del>	61111X1X	- 112	Å	146	945	DIAAI/M	DV 12 ar	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type. Pr	int)	2700		23/1/2010	K1,12,75	
	JOHN ADSO,	5601 LOCH	RAVEN	BLV.	S, BAL	TIMORE,	MA.	21239	
	JAN 1 7 1995	2. REGISTRAR'S SIGNAT	arlell						

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DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNKEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	The state of the s			DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	,	Thomas J.	McNu1ty			January 13		3:10 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	THPLACE (State or Foreign			
	219 26 9029	1 [X M 2 □ F   88	8 YRS.	DAYS DAYS	April 20,	1906 En	gland			
	9a. FACILITY NAME (If not institution, give a	Hai	mmonds 9	b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF			
O	Meridian Nursing	Center	Lane	Baltin	more		Anne A	rundel		
ECI	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1	10c, CITY, T			10d. INSIDE CITY				
DIRECTOR	Maryland Ann	ne Arundel		n Burni				LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE		10a, CITIZEN OF	WHAT COUNTRY?		
FUNERAL	914 Genine Drive			21061			U.S.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN 1 FORCES? 1 X YES	U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RAC	CE — American Indian,		
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES		Ify Cuben, Mexicer NO Specify	n, Puerto Rican, etc.)		ck, White, atc.		
ED B		World War I						White		
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) 8th	College (1-4 or 5 +)	_	ant Col	one1	U.S. Ar	cms/			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		-1000011			WE (First, Middle, Meiden :	-			
	J	John McNulty				dget Vine		1		
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end		oute Number, City or Town	4			
٩	Mary McNulty				ville Dr			Md. 21061		
	20s. METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF	DISPOSITION (Name	e of	DATE 20c. LOC	CATION — City or T	own, State		
	1 Buriel 2 Cremetton 3 Reme 4 Donation 5 XOther (Specify)	ntombment "Ce	edar Hill	Cemete:	ry	1/16 Bal	Ltimore,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	CONTO	ADDRESS OF FAC	ce Funeral	Home D	λ		
	Lecome	namuous	hi	_		Hwy. Balt				
	23. PART I. Enter the diseases, or o	omplications that caused i	the deeth. Do not	entar the mode	of dying, auch	as cardlec or reaple	ratory arrest,	Approximate		
	shock, or heart failure. List only one cause on each line.  immediate CAUSE (Fine)  Onset and Death									
	resulting in death) - Dave									
	DUE TO (OR AG A CONSEQUENCE OF):							1		
N	Sequentially list conditions.	, c neur	non	ien	1			TWOOL		
Ē	or any, leading to immediate cause, Enter UNDERLYING									
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST		,					i		
	0.									
NA I	PART II. Other algorificant conditions contributing to death but not resulting in the underlying onuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED?  AMILIABLE PRIOR TO									
MEDIC	Denient	er , mull	a and	ares		1 YES 2.	□ NO	OF DEATH?		
Σ	DID TODA CCO LICE COATE	VIDEOT TO CALLES						1   YES 2   HO		
PHYSICIAN:	DID TOBACCO USE CONTR		DEATH YES		UNCERTAIN					
Sic	EXAMINER?	HOSPITAL:	_ 0	THER						
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c, INJUR		28d, DESCRIBE HOW IN	HIBY OCCUPED			
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJURY		(? S 2 □ NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stree	et, fectory, office		261. LOCATION (Street or	nd Number or Rural	Route Number,		
COMPLETED	4 Homicide determined	bulleting, etc. (Specify	"			City or Town, State)				
7	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ige, death occurred a	t the time, date er	nd place, and due t	to the cause(e) and many	ner as stated.			
MO		R: On the basis of examination e						e) end manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				Pac. LICENSE NUM			O (Month, Day, Year)		
) BE	Colum C	laste	(1)		D014	59	▶ / ~ /	3-95		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	nt)	1	011	- (			
	Columber	& 4710 E	Pennin	9 ton	Hue	Salte	2 pm	1226		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		1						
	JAN 1 7 1995 July	i Studeor Rarball	5							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

-	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
à	1. DECEDENT'S NAME (First, Mickile, Leat)  ERNIE MATTHEWS  2. DATE OF DEATH MONTH DAY YEAR  O 7 10 100 1 27 AM							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign							
	Months Day's Hours Min. (Morth, Day, Year) Country)							
	DAN, 3, 1931 MARY LAND							
Œ	THE TOTAL HODITAN HOODEN							
5	RESIDENCE OF DECEMENT							
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
	MARYLAND BALTIMORE CUTY 1X YES 2 - NO							
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
IEH I	2035 EAST PRESTON STREET 2/2/13 USA							
FUNERAL	11. MARITAL STATUS / WG / E 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE - American Indian, Black, White, etc.)  1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE - American Indian, Black, White, etc.)							
ВУ	1 Never Merried 2 Merried   FUNCEST 1 TES 2 NO   If yes, specify Cuben, Mexican, Puerto Rican, etc.)   Black, White, etc.   Specify:   Specific   Specify:   Specify:   Specific   Specific   Specific   Specific   Specific   Specific							
	BLACK							
COMPLETED	(Specify only highest grade completed) ((Give kind of work done during most of working							
PLE	STHGRADE College (1-4 or 5+)  WNEMPLOYED							
N	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)							
	ERNEST MATTHEWS AGNES MOORE							
BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	AGNES MOORE 2035 E. PRESTON ST. BALTIMORE MD. 21213							
	206. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION Name of							
	1 M Burlet 2 Cremation 3 Removal from State  Cametery, crematory or other piace)  Cametery, crematory or other piace)  MT ZISN CEMETERY 1-14-95 BALTO, MARYLAND							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							
	JOSEPH H. BROWN JR FUNERAL HOME, P.A.							
	1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate							
	anock, or heart fellure. List only one ceuse on each line.							
	IMMEDIATE CAUSE (Finel disease or condition Profit Syndrome 3 months							
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							
,	Dishetes mellins							
ᅙᆝ	Sequentially list conditione, our TO (OR AS A CONSEQUENCE OF):							
S	CAUSE (Disease or injury							
E	that initiated eventa OUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST							
	PART ii. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
S	PERFORMEO? AMALABLE PRIOR TO COMPLETION OF PAIRS							
	1   YES 2   NO OF DEATH?							
Σ.	DID TORACCO LISE CONTRIRLITE TO CALISE OF DEATH VES TO NO TO LINCEPTAIN TO							
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 126. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINER? HOSPITAL: OTHER:							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED							
	1 N Natural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 VES 2 NO							
BY	2 Accident  3 Suicide Could selb 28e. PLACE OF INJURY — At home, 1erm, street, factory, office 281, LOCATION (Street and Number or Burel Boute Number)							
Ĕ	4 Homicide determined building, etc. (Specify)  City or Town, Stete)							
COMPLETED	29e. CERTIFIER (Check only (Ch							
N N	one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner se stated.							
	an confirme we the or comme							
BE	Tunk Homes M.D. 296. LICENSE NUMBER 20d. DATE SIGNED (Mgrith, Day, Your)							
2								
	Dr. Paul Diniel's 110 Tower Tuhar Hopkins Hospial, Baltimere Manyland							
Ì	The state of the s							
- 1	JAN 17 1995 Julia Paucher Randall							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

ge 6 may be retained by the hospital or attending physician.	irector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IYEMS: 1.9a,19b,20b, PER F.H. FILM G-719 1/17/95 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WELLE M. 13,1995 January MUMFU M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In vrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS MIN. 216-03-3906 1 M 2 | F 05/29/1904 YRS. 90 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hipkins Bayview Medical Ctr. DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1417 Dundalk Avenue 21222 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Morried 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED t6e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5 +) Revere Copper & Brass 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Ira Mumaw BE Anna G. Heil 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
BALT IMORE 2 Mrs. Margaret M. Mumaw 1417 Dundalk, Avenue Dundalk, Maryland 195 OATE 20a METHOD OF DISPOSITION
443 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State Meadowridge Mem. 4 ☐ Donation 5 ☐ Other (Specify) Cem. 01/17/95 Dorsey, MD 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk. MD 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Intarvsi Between shock, or heart failura. List only ona cause on ea Onset and Death IMMEDIATE CAUSE (Final disease or condition Muscrolla Tut resulting in death) CERTIFICATION Sequentially list conditions. if any, lasding to immediata Cardionispather cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Mellitus AVAILABLE PRIOR TO Diabetes COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) ng Home 5 🗆 Residence 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural Accident 5 Pending М 1 YES 2 NO BY Investigation DIRECTOR: Af hours after de item 28 is r 3 Suicide PLACE OF INJURY — At home, term, street, fectory, affice building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

The Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated.

TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ha
IMPORTANT: It is 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mongh, Day, Year) 29c. LICENSE NUMBER BE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 31. DATE FILED (Month, Day, Year)

JAN 1 7 1995 A2. REGISTRAR'S SIGNATURE

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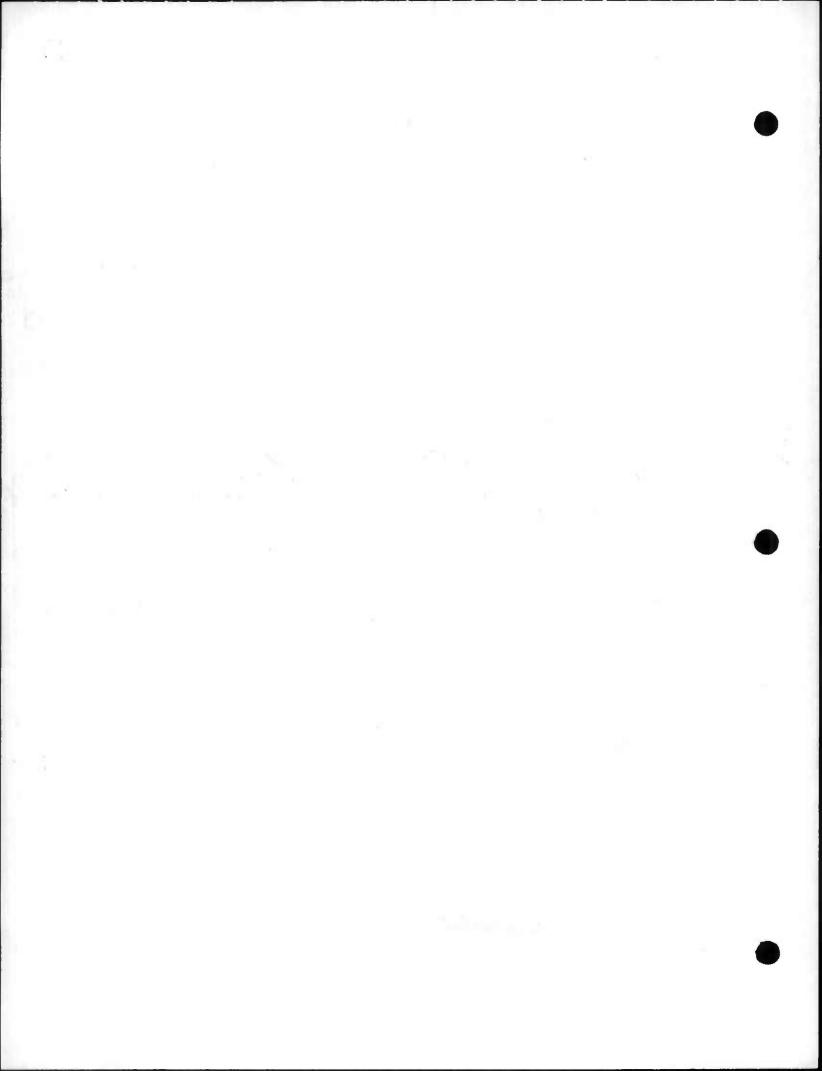
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		re l			MONTH DAY YEAR			3. TIME OF DEATH		
- 1	Charlotte B. Myers  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR				IF UNDER 24 HRS.				PLACE (State or Foreign		
	218 14 1438	1 - M 2 X F 6	_	MONTHS DAYS	HOURS MIN.	(Monti	(Month, Day, Year)			()	
	9s. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		. 4,	9c. COUNT		yland	
DIRECTOR	North Arundel			Glen B				1		undel	
မှု	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
	Maryland Ani	ne Arundel	Ri	viera B	each					1 YES 2 NO	
FUNERAL	177 Riviera Dr	ivo			21122				S.A	HAT COUNTRY?	
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DE	CENDENT OF HISPA	NIC OBIGIN	19 (Specify Man			- American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	ecify Cuban, Maxico	an, Puarto I			Black	, White, etc.	
BY	3 Widowed 4 Divorced			1 12	3 2 NO Specil	ry:			Specif	White	
<u>۵</u>	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b	. KIND OF BU	SINESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ost or working					100	
COMPL			Housew	ife			Home M	ſaker			
ġ I	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)			
ш		Casper Ries			Lul	la B	rady				
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numi	ber, City or Town	n, State, Zip C	Code)		
F	Karen L. Myers		177 R	iviera D	rive P	asade	ena, Ma	arylar	nd 2	1122	
	20a. METHOD OF DISPOSITION 1 □ Burlai 2 □ Cremailon 3 □ Ran 4 □ Donation 6 □ Other (Specily)	noval from State 20b.	PLACE AND DATE	OF DISPOSITION (N	ane of al Park	1/1		CATION - CI			
	21. SIGNATURE OF FUNERAL SERVICE (		ten nave		ND ADDRESS OF FA		o   GTE	II DUL	Burnie, Maryland		
	14.	- lo	79	Georg	e J. Gon	ce Fu	meral	Home	P.A		
_	1 (longe	1-17000		4001	Ritchie	Hwy.	Balt:	imore,	Md	. 21225	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure List only one cause on sach line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
2											
CALION	Sequentially list conditions, If any, isseling to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disesse or injury	c									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
		d					-				
MEDICAL	PART II. Other significent condition	ns contributing to death bu	it not resulting	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	ORMED? AWA		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ĕ										1 YES 2 NO	
PHTSICIAN:	DID TOBACCO USE CONT			S NO [	UNCERTAI	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	6. PLACE OF OEAT								
2	1 TES 2 NO	1 Inpetient 2 - ER/Outpu	ntlent 3 DOA	OTHER:	e 5 🗆 Residence	6 🗆 Other	(Specify)				
5	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b, TIM		URY AT	26d. DES	CRIBE HOW II	NJURY OCCU	REO		
2	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
COMPLETED	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, (	street, factory, offic	•	261. LOC	ATION (Street a or Town, State)	nd Number or	Rural Ro	oute Number,	
۳ ا	29a. CERTIFIER	MANA TABLE BARA A		All Marries - All	ALINEAU DOMINO						
N N		ICIAN: To the best of my knowle ER: On the basis of examination								and manner as stated	
	296. SIGNATURE AND TITLE OF CERTIFIE	1	-								
and the property work that the state of the property was a state of the property work that the state of the property was a state of the property work that the property was a state of the property with the property was a state of the property was a state of the property with the property was a state of the property with the property was a state of the property was a state of the property with the property was a state of								Month Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF OF	TH (ITEM 27) /Sec-	Print)	0	•		- ///	1	7	
	Dr. Benjamin	. 170= T-	mnor II-	1. D 1	2.	. D.	-				
	31. DATE FILED/Ments, 40.000 Cla	479 J	Micer HO	те кояд	3rc	Flo	or P	asade	na,	Md. 21122	
	JAN 1 7 1995										



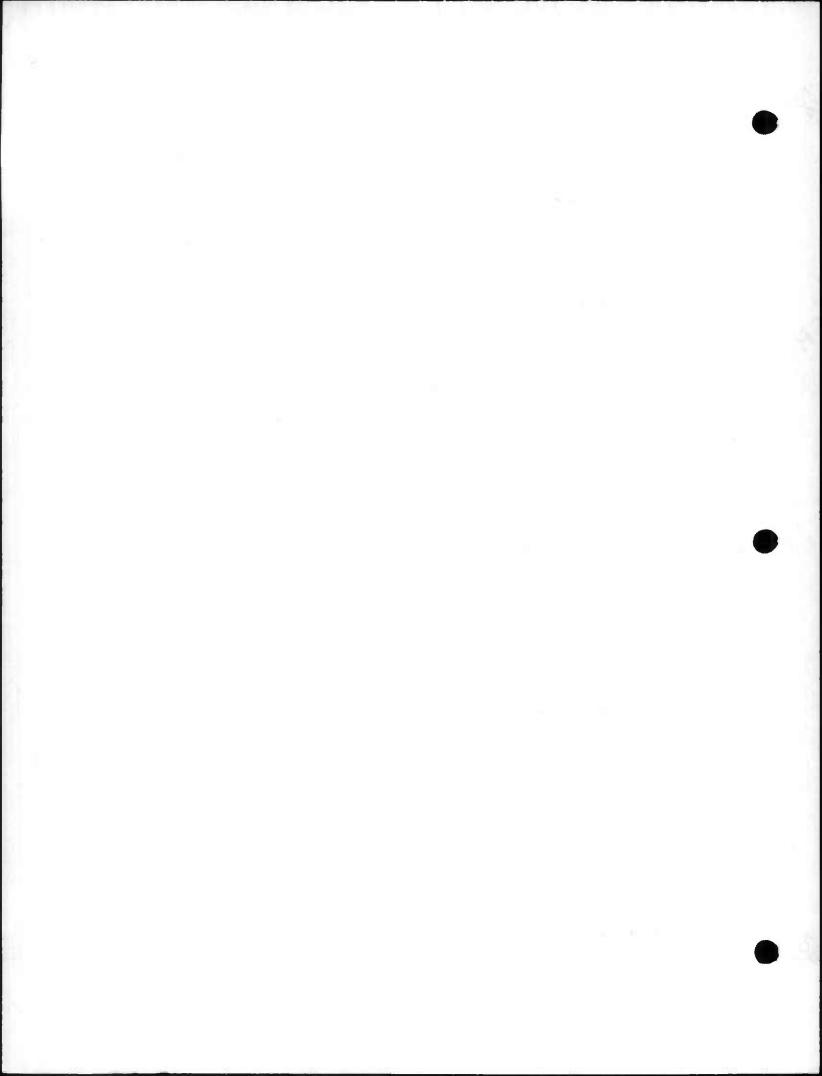
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		MENT OF H		MENTA	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH
	MARSIGLIA,	MAR	15	m.		Tan	uary 1		YEAR	M
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	-/ -	8. BIRTH	IPLACE (State or Foreign
		■ M 2 X F 85	YRS.	MONTHS DAYS	HOURS MIN.	Oct	oth, Day, Year) • 23,19	009	Mar	yland
	Be. FACILITY NAME (If not institution, give street e	and number) 3300 Be	enson	9b. CITY, TOWN (	R LOCATION OF D		- 23/13		NTY OF D	
OR	DePaul House Apa	rtments	Ave.	Baltin	ore			===	====	=
DIRECTOR	RESIDENCE OF DECEDENT									
E	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d, INSIDE CITY		10d, INSIDE CITY LIMITS?
	Maryland =====		Bal	timore						1 X YES 2   NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE					VHAT COUNTRY?
NEI	3300 Benson Avenu				21227				J.S.A	4.
FU	11. MARITAL STATUS 12.  1 N Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 TYPES 2	S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NtC ORIGI	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	S		2 NO Specif		,		Speci	
	15. DECEDENT'S EDUCATIO	N 16	e. DECEDENT'S U	SUAL OCCUPATE	M	16	b. KIND OF BUS	INECC/IN	DISTRY	White
ETE	(Specify only highest grade comp	leted)	(Give kind of wo	rk done durina ma	at of working	100	o. KINO OF BOS	114533/1141	DOSINI	
PL	8th	flege (1-4 or 5+)	Nurse (	Companio	n					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1	18. MOTHER'S NA	ME (First.	Middle, Meiden	Sumame)		
	Jose	eph Marsig	glia -			rgar				
BE (	19e. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street a	nd Number or Rural	-		. State. Zi	p Code)	
5	Connie Santa		1017 S	t. Alba	ns Road	Ba	1timore	e, Ma	aryla	and 21239
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF	DISPOSITION (Na	me of	_			City or To	
	1 X Buriel 2 Cremation 3 Removal f	rom State Cometer New	Cathed	ral Cem	etery	1/	16 Ba1	timo	re,	Maryland
- 10	21. SIGNATURE OF PHERIAL SERVICE LICENSE	111		22. NAME AN	J. Gon					
ě	Margar (	X DH								
	23. PART i. Enter the diseasea, or comp	elections that baused th	e death Do no							1. 21225
	ahock, or heart fallure. Liet	only one cause on each	ilne.	t enter the mo	ue or dying, suc	III MS CM	raiec or respii	atory ar	rest,	Approximata interval Between
	immediate cause (Fine) disease or condition resulting in death)  a. Hypertensity Cardustas cardar disease    Due to (or as a consequence of):									
	reauiting in death) a	TOUR TO COR AS A CO	Car du	ovas con	ar disc	are				
_	_ (	leave Dec	+ = 1 °	0.0		20.00				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):	rucin	was or	3000				
CAT	cause. Enter UNDERLYING									!
Ĭ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	A CONSEQUENCE OF):							
F	reaulting in deeth) LAST d	d.								
	PART II. Other algnificant conditions con	atributing to death but	not moulting in	the condentale	anno about to	De-A.A				
CAL	TANT II. Other algument conditions con	intributing to death but I	not realurting in	tne underlyin	cause given in	Part I.	24a, WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă							1 - YES 2	□ NO		OF DEATH?
Σ										1 _ YES 2 _ NO
PHYSICIAN: MEDIC	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF							
2		SPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	neck only o	one)			
ΥS	1 YES 2 NO 1 TO	Inpatient 2 ER/Outpatie	nt 3 🗆 DOA	I ☐ Nursing Hom	5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. OE	SCRIBE HOW IN	JURY OC	CURED	
84	2 Accident Investigation	44 - DI 405 OF BUILDIN			ES 2 NO					
B	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, term, str	eet, factory, offic		28t. LO	CATION (Street e or Town, State)	nd Numbe	r or Rural F	Route Number,
COMPLET	A. A. A. A. A. A. A. A. A. A. A. A. A. A									
APL	(Check only 1 CERTIFYING PHYSICIAN:									
S I	2 MEDICAL EXAMINER: On	the besie of examination en	d/or investigation.	in my opinion, d	eath occured at the	time, det	e end place, end	due to the	he cause(e	e) end manner es stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	~			29c. LICENSE NUI	-	2	29d. DAT	E SIGNEO	(Month, Day, Year)
6	wymself	01			U 30	18.	_			
-	30. NAME AND AODRESS OF PERSON WHO COL	MPLETED CAUSE OF DEATH								
	3320 DENSON A	ve 131		40 >	1227					
	31. DAN 1 7 1995 Juli	ST REGISTRAR'S GRATU	DE CONTRACTOR OF THE PARTY OF T							



		1. DECEDENT'S NAME (F Marc	querite:	E. Mc	in the second	lin		11				3. TIME OF DEATH 9:550 M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	ast birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
Ð	- 8	214-18-9284	1 🗌 M 2 💢 F	73	YRS.	MONTHS	colerfs	HOURS	MIN.	(Month, Dily, Year) 02/ 28/ 2		Md.
3 should	<u>"</u>	9a. FACILITY NAME (If not Institution, give				96. CITY,				ATN	9c. COUNTY	
1, 2,	CTOR	Meridian Nursing Center Severna Park Anne Arundel										
Pages	DIRE	10a. STATE 10b. COUN			10c. CI1	Y, TOWN OF		ION				10d. INSIDE CITY LIMITS?
реттіт.	AL D	Md. Ar	ne Arunde	5T		Arno:	-	ZIP CODI	E		10g, CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?
	8	860 Doris Drive					2	21012	2		USA	
nding physician.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 2 MAR OR OATES		11	yes, spe		n, Mexica	NC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
d) (0	ED	15. DECEDENT'S ED		16a. C	ECEDENT'S	USUAL OC	CUPATIO	·N		16b, KIND OF BU	SINESS/INDI IST	White
al or	E .	(Specify only highest grad Elementary/Secondary (0-12)	college (1-4 or 5	- 1	Give kind of b. Do NOT u	work done du se retired.)	iring mos	st of working	g	102. 1(110 0)		
he hospital detached to once.	COMPI	12		H	cmema	aker						
at on	E CO	17. FATHER'S NAME (First, Middle, Last) Harry	Evans						nie mie	ME (First, Middle, Maiden	,	Namuela a 3 3
2 8 8	00	19a, INFORMANT'S NAME (Type/Print)	Evans	1	9b. MAJLING	ADDRESS	(Street ar		-	Route Number, City or Tow		Campbell
- 2 8 e	5	David McLaughlin			1646	Armis	stic	e Wa	у Ма	arriottsvi	11e, M	a. 21104
me 6 m		20s. METHOD OF DISPOSITION  12 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	206. PLACI Cemetery, c LC:TT a	and date	of Disposition of Disposition (	non (Ner Ceme	ne of etery			cation - city 1timore	March Street
death.		21, SIGNATURE OF FUNERAL SERVICE L	JCENSEE // //	1101	)	DAV	VID		EBEF	FUNERAL		Md. 21229
iours after d in by the or removal		23. PART I. Enter the diseeses, or ahock, or heart failure	complications the	at coused the d	leeth, Do	not enter t	he mod	de of dyi	ng, auc	h aa cerdiac or reap	iratory arrest,	Approximate Interval Between
out, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Carulus results of the state										
ecute and c bung	NO	Sequentially list conditions, b. ASCVB CITE Dels MI										
or to be	FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  d. Te current Car cernama of rectuments  The current can be consequented or the consequence of the current can be consequented or the curre										
death certificate attending physiental Hygiene pri	CERTII	resulting in death) LAST d. recurrent Carcinoma of rectum										
들을을	_	PART ii. Other eignificent condition	ns contributing to			in the und	lerlying	ceuse g			AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
requires that theen signed by the of Health and I shows any In	MEDICA		a	roes	w.	rcle	220	Le	-	1 YES 2		COMPLETION OF CAUSE OF GEATH?
1 3 5 5 6		DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DE	ATH Y	ES 🗆 N	0 🗆	UNC	ERTAIN	v 🗆		
E se E	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			TN (Check or	_					
SICIAN: The Certificate on the State	PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATN	1 Inpetient 2 I	INJURY	3 DOA 28b. TIN		ng Home		sidence	6 Other (Specify)  28d. OESCRIBE NOW I	NJURY OCCUR	50
ATTENDING PHYSICIAN: CTOR: After this certificals after death with the State 128 is marked, or like	ВУР	1 Natural 5 Pending 2 Accident Investigation	28a DI ACE C	Day, Year)  OF INJURY — At I		JURY M	1 U Y	HK? ES 2	NO			
OR ATTEND DIRECTOR: A hours after of tem 28 is	ETED	3 Suicide 6 Could not be determined	building.	etc. (Specify)	ome, rarm,	street, factor	гу, описе			28t. LOCATION (Street : City or Town, State)		lural Route Number,
토로	COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN										use(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	for Cour	in S	m	D			ZZZ		29d. DATE SIG	SNEO (Month, Day, Year)
		/	HO COMPLETED CAU	SE OF OEATH (IT)	3 B	Print) Pene	n\$	ula	_ /	are rd	Sr	nold Mid
		31. OATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	4				V			,
		JAN 17 EK	Halia	Dhushan	Carlell							

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ND 21215-0020 DIVISION OF VITAL RECOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)  0204	A mf	SON	2. DATE OF DEATH MONTH DAY	9 YEAR 2:35 P M
	216-18-4079	□ M 2 🖝 F   O YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH SEDT. 22, 1893	8. BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, give street  Mary and Gel  RESIDENCE OF DECEDENT	neral Hospital	Baltimo	EATH 9c. COL	INTY OF DEATH
DIRECTOR	Mary and 106, COUNTY	Bo	own or LOCATION Itimore		10d. INSIDE CITY LIMITS? 1 LYES 2 NO
FUNERAL	50 W. Frank	din St.	21201	10q. C)1	S.A.
BY FUN	11. MARITAL STATUS 1	2. Was decedent ever in U.S. appled Forces? 1 ☐ Yes 2 ☐ NO IF Yes, give war or dates	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 — YES 2 TO NO Speci		14. RACE — American Indian, Black, White, etc. Specify: P. Loss L.
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give kind of worl	k done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY
COMPLETED	Elementary/Secondary (0-12)	Domes	stic Worke	r General  AME (Erst, Middle, Maiden Sugname)	House Keeper
BE	Aquilla Le	e 19h MAH ING AI	EVA  ORESS (Street and Number or Rural	Carroll  Route Number, City or Town, State, Zi	a Corte
70	Lucy V. Peeb	es 1355	Van Hook	St. Camder	1.N.J. 08104
	1 % Burlei 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Arbu	itus	1/1/8 Balt	O. Md.
	Joseph à	C. Russ	Joseph L.	Russ Funer	al Home Ho.Md. 21216
	23. PART I. Enter the diseases, or cor shock, of heart failure. Lis IMMEDIATE CAUSE (Final	cations that caused the death. Do not only one cause on each line.	enter tha mode of dying, aud	ch as cardiac or respiratory ar	rest, Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	1		3 days
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	heart	feirhare	3 day
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):	Alry	disea	3 425
	resulting in death) LAST	Penpural V	anula dis	ear 3/P 131	land Aug Syn
DICAL	- Renal 1	contributing to death but not resulting in	tha undarlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DI TOBACCO USE CO	ENTRIBUTE TO CAUSE OF D	EATH YES NO		1 TES 2 NO
SICIA			26. PLACE OF DEATH (C/		
PHY	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME C	Nursing Home 5 Residence  PF 28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OC	CCURED
р ву	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — All home, ferm, stre- building, stc. (Specify)	M 1 YES 2 NO	28f. LOCATION (Street end Number	r or Rural Route Number,
ETE.	4 Homicide determined			City or Town, State)	
COMPLETED	(Check only	iN: To the best of my knowledge, death occurred a On the basis of examination and/or investigation,			
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	MD	29c. LICENSE NU	1464 11	TE SIGNED (Month, Day, Year)
2	SYVAIIS A. H	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	N. Centon	St Ente	308, Balt.
	JAN 17 1995 July	32. REGISTRAR'S SIGNATURE			

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR		PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) SARAH	MILES		2. DATE OF DEATH DO January	12,1995	3. TIME OF DEATN 11:53 P M		
	213-18-7980		RS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		NPLACE (Step or Foreign try)		
OR	Pa. FACILITY NAME (If not institution, give stree THE JOHNS HOPKINS		BALTIMORE CI		9c. COUNTY OF	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 106. COUNTY	100	CITY, TOWN OR LOCATION			10d. INSIDE CITY		
	Marylan () 100. STREET AND NUMBER		Saltimore 101, ZIP CODE		10. 071771 05	1 YES 2 NO		
FUNERAL	2014 Presbi	ury St.	21217		u.s	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 ☐ YES 2 17 NO Spec	an, Puarto Rican, atc.)	Black	E - American Indian, ck, Whita, etc. city: Black		
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give kin	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)	16b. KIND OF BUS	INESS/INDUSTRY	S/MCI		
COMPLETED	12	College (I-4 or 5+)	memaker	Owi	n Ho	me		
BE CO	17. FATHER'S NAME (First, Middle, Last)	Sev	18, MOTHER'S N	AME (First, Middle, Maiden	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)	山:川 196. MAI	LING ADDRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)	M 1210 AG		
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramova	20b, PLACE AND D.	ATE OF DISPOSITION (Name of	MATE 20c. LO	CATION - City or T	Md,21207		
	4 Donation 5 Other (Specify)	NI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/7/95 Ba	Ito. C	o. Md.		
	Joseph	L. Russ	Joseph L	Russ Ful	Rolfa	Home Md 21216		
	23. PART . Enter the diseases, or con shock, or heart failure. Lie	npilcations that caused the death. I	Do not enter the mode of dying, su	ch as cardisc or respi	ratory arrest,	Approximats Interval Between		
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	AVOXIC BRA	IN INJURY			2 WEEKS		
NO	Sequentially list conditions,	RESPIRATORY	ARREST			2 WEEKS		
CATI	DUE TO (OR AS A CONSÉQUENCÉ OF):  CAUSE (Disease or Injury  DUE TO (OR AS A CONSÉQUENCÉ OF):  PUBLIMOCOCC AL SEPSIS  I MOUTH							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENC	DE OF):					
	PART II. Other significant conditions of	contributing to deeth but not reault	ing in the underlying cause given in	Part I. 24s. WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS		
DICA	HYPERTENSION,	DABETES		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
V: ME	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEATH	YES I NO W UNCERTAL	ND		1 TES 2 NO		
CIA	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?							
ΤΥS	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	Inpatient 2 ER/Outpatient 3 DO	OTHER: 0A 4   Nursing Nome 5   Rasidence					
3Y PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Inpatient 2 ER/Outpatient 3 DO	OTHER:	8 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 11  27. MANNER OF DEATN  1 Netural 5 Pending	inpatient 2 ER/Outpatient 3 DO 28a. DATE OF INJURY 28b.	OA   OTHER: 4   Nursing Nome 5   Rasidence TIME OF INJURY M   28c, fNJURY AT WORK? 1   YES 2   NO			Route Number,		
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DSFITAL:   Inpatient 2   ER/Outpetient 3   DC	OTHER: 4   Nursing Nome 5   Rasidence TIME OF INJURY AT WORK? M   1   YES 2   NO rm, street, factory, offica	28f. LOCATION (Street a City or Town, State)	nd Number or Rural			
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DSFITAL:   Inpatient 2   ER/Outpetient 3   DC	OTHER: 4   Nursing Nome 5   Rasidence TIME OF   26c. INJURY AT   WORK? M   1   YES 2   NO rm, street, factory, office  curred at the time, data and place, and dugetion, in my opinion, death occurred at the	28d. DESCRIBE NOW IN  28f. LOCATION (Street a     City or Rwn, State)  to the cause(a) and men time, data and place, and	nd Number or Rural ner se stated. If due to the cause(	a) and menner as stated.		
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  11  27. MANNEP OF DEATN  1 Neturel 5 Pending Investigation  3 Suicide 8 Could not be detarmined  20a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: C	DEPITAL:  Impatient 2 = Ri/Outpetient 3 = DC  28a. DATE OF INJURY   28b.  28a. PLACE OF INJURY — At home, tai building, etc. (Specify)  N: To the best of my knowledge, dash ocon the basis of examination and/or investig	OTHER: 4   Nursing Nome 5   Rasidence TIME OF   28c. INJURY AT   WORK? 1   YES 2   NO  rm, street, factory, office  curred at the time, data and place, and dugetion, in my opinion, death occurred at the	28d. DESCRIBE NOW IN  28f. LOCATION (Street a     City or Rwn, State)  to the cause(a) and men time, data and place, and	nd Number or Rural ner se stated. If due to the cause(			
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PITAL:    Inpatient 2	OTHER: 4   Nursing Nome 5   Rasidence TIME OF   28c. INJURY AT   WORK? 1   YES 2   NO  rm, street, factory, office  curred at the time, data and place, and dugetion, in my opinion, death occurred at the	28d. DESCRIBE NOW IN 28f. LOCATION (Street a City or Town, State) to the cause(s) and men time, data and place, and	nd Number or Rural  ner se stated, d due to the cause(  29d. DATE SIGNED	a) and menner as stated.  D (Month, Day, Year)		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within process. The flowest of the retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

NT'S NAME (First, Middle, Last)	1	2. DATE OF DEATH		3. TIME OF DEATH
re Istrar	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	70	00022
			05	00022

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	s. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	2. DATE OF DEATH MONTH DAY  7. DATE OF BIRTH (Month, Day, Day)	3. TIME OF DEATH  S. BIRTHPLACE (State or Foreign Country)
DIRECTOR	98, FACILITY NAME (If not institution, give st	reet and number HOSP	1 )	Baltimor		ITY OF DEATH
	100, STATE 100. COUNTY		Ba	Himore		10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	701 N. Arling	ton Ave	Apt. 400	101, ZIP CODE  212 17	U	SA A
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, specify Cuban, Maxico	an, Puerto Ricers, atc.)	14. RACE — American Indian, Black, Whita, atc. Specify:
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF BUSINESS/IND	USTRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)	.11	1415TG	18. MOTHER'S N	AME (First, Middle, Melden Surname)	mpany
0 BE	19s, INFORMANT'S NAME (Type/Print)	c C · 11	19b. MAILING AD	DRESS (Street and Number or Aural		rson Code)
-	20a METHOD OF DISPOSITION		b. PLACE AND PATE OF I	Ar lington	HURIO 406 BO	Hou VI d. 21217
	1 Buriel 2 Cremation 3 Remoted Donation 5 Other (Specify)		metery, cremit by or other	22 NAME AND ADDRESS OF EA	1/8/8 Balto	. Md.
	Doseph	L. Ru	33	Joseph L. F	th Ave Balt	1 Home 0. Md.21216
CERTIFICATION	23. PART . Enter the liseases, or condition. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Due to join as	A CONSEQUENCE OF:	famplice Jaistal ev	- in packet	Pat, Approximate Interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART II. OPTIEP algnificant condition  DID TOBACCO USE C	ge Kena	( Dra	asl	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:		28. PLACE OF DEATH (C/		
ולא עלק	1   YES 2   NO	1 Department 2 ER/Out 28a. DATE OF INJURY		THER: Nursing Home 5 Residence  Nursing Home 5 Residence	6 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	119ED
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES 2 NO		
COMPLEIED	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, stre	st, factory, offica	28t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
MPL					time, data and place, and due to the	
IO BE CO	29b. SIGNATURE AND DITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WH	n	ND	29c. LICENSE NU		SIGNED (Month Day, Year)
	JUAN A. B	ELTRAN	940	W. BALT S	T, BALT,	MD 21223
	JAN 1 7 1995	Jalia Devoler	Carlell			j

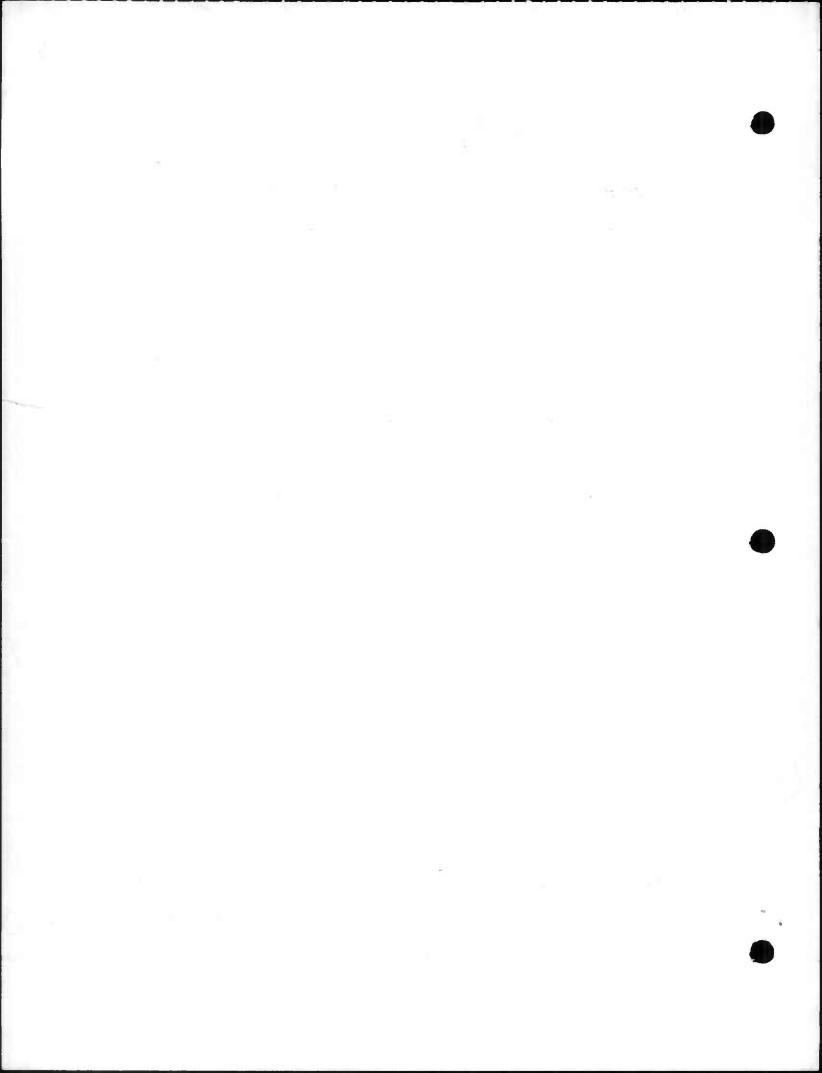
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	IEALTH AND M	ENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last) RACHEL Lo	Mulcahy				2. DATE OF DEATH DO SONTH	Y YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-24-2712	5. SEX 6. AGE	3 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Apr 8,19	8	BIRTHPLACE (State or Foreign Country) /Irginia
TOR	90. FACILITY NAME (IT not institution, give s BAHAMOTE	union Memo			imore Ci		9c. COUNTY	OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Ва	altimo	. ZIP CODE		100 CITIZEN	LIMITS?  LYES 2 NO  OF WHAT COUNTRY?
FUNERAL	3939 Roland Av	venue			2121	1		S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPANIC			RACE American Indian.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 Tyes, sp.	ecity Cuben, Mexicen, 2XZNO Specify:	Puarto Rican, etc.)		Black, White, elc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S US (Give kind of work	done durina mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Office	2000		Railro	oad	
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Meiden		
B	James Pear  190: INFORMANT'S NAME (Type/Print)	ce	405 11411 1140 411	22220	01		raig	
ဥ	Joseph Mulcahy	, TTT	1111	WOC	nd Number or Rural Ro	ute Number, City or Tow S AVENIIE	n, Stete, Zip Coo	Maryland imore 27211
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremalion 3 Rem	206	PLACE AND DATE OF D netery cremetory or other CACOWY 1 0	DISPOSITION / Na	me of	OATE 20c. LO	CATION — City	or Town, State
	Donation 5 Other Specify)  21. SIGNATURE OF UNERSAL SERVICE LICE		adowride	-				Maryland
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	23. PART I. Entar the diseases, or o	complications that cause	the death Do not	13631	Falls R	oad,Balt	imore	, Maryland
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on a	ach ilna.		de or dying, aden s	ss cardiac or respi	ratory arrest	Approximate Interval Between Onset and Dasth
	resulting in death)	. Kespera	tory ar	rest				5 min
<u>,</u>		Sensis	CONSEQUENCE OF):					3 weeks
<u> </u>	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):					, weeks
<u>8</u>	cause. Entar UNDERLYING CAUSE (Disease or Injury							
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F	that initiated events resulting in death) LAST	C. OUE TO (OR AS A	CONSEQUENCE OF):					
CERT	that initiated events resulting in death) LAST	d						
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may be retained by the hospital or attending physician.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
-	1. DECEDENT'S NAME (First, Middle, Last) LEANDY	MOORE				2. DATE OF DEA			DAY YEAR		
-	4. SOCIAL SECURITY NUMBER				IF UNDER 1 YEA	AR IF UNDER 24 HRS.	January	Н		HPLACE (State or Foreign	
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	9a. FACILITY NAME (If not institution, give				Db. CITY, TOV	VN OR LOCATION OF D			NTY OF E		
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DIREC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOC					CATION			MO	10d. INSIDE CITY LIMITS?	
						101, ZIP CODE		100 CIT	TZEN OF	1 YES 2 X NO	
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B	The state of the s									Specify: Black	
	15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16a. DE	ECEDENT'S US	SUAL OCCUP	PATION a most of working	16b. KIND O	16b. KIND OF BUSINESS/INDUSTRY			
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2 II	Grade 11 17. FATHER'S NAME (First, Middle, Last)		Ine	chanic	;	18, MOTHER'S NA	AUTOI	nobile	кера	air	
S	Lemmie Moore				31		de Mitche				
10 B	19s. INFORMANT'S NAME (Type/Print)	VE BUILD				eet and Number or Rural					
	Lorine Hinnant			9566 M		rk Road, 1		Marylar			
	1 Buriel 2 Cremetion 3 A Ren 4 Donation 6 Other (Specify)	noval from State		ematory or other			1			New York	
	21. SIGNATURE OF FUNERAL SERVICE LICENSIES				22. NAM	E AND ADDRESS OF FA	ACILITY			1011 1011	
	Well It Jan	x butter	_			aldson Fu Talbott				and 20707	
- 18	resulting in death)	DUE TO (O	R AS A CONSE	OUENCE OF:						3 1	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b DUE TO (O	OR AS A CONSE	OUENCE OF):						5 1	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  19 Netural   Pending   Investigation   Suicide   Could not be determined    29a. CERTIFIER   CERTIFYING PHYS	b. DUE TO (O c. DUE TO (O d. DU	eeth but not in the second of	OUENCE OF):  OUENCE OF):  resulting in  28b. Time injury sime, form, str	20 DTHER:   Nursing   1  Set, factory, 4  at the time,	8. PLACE OF DEATH (C)  Home 5 Residence INJURY AT WORK?  YES 2 NO  office	PE 1 YI  neck only one) 6 Other (Specify) 28d. DESCRIBE H  281. LOCATION (S City or Town,	RFORMED? ES 2 MAQ.  OW INJURY OC  State  d manner es ets  a, and dus to t	occured or ror Rural the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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95 00825 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH O / BENSON MANN, III 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 196-20-1351 1 M 2 F 01-25-19 75 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR CHURCH HOME BALTIMORE 10a. STATE 10b. COUNTY 18c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 101 NORTH BOND STREET 21231 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. if yes, specify Cuban, Maxican, Puerto Rican, etc.)

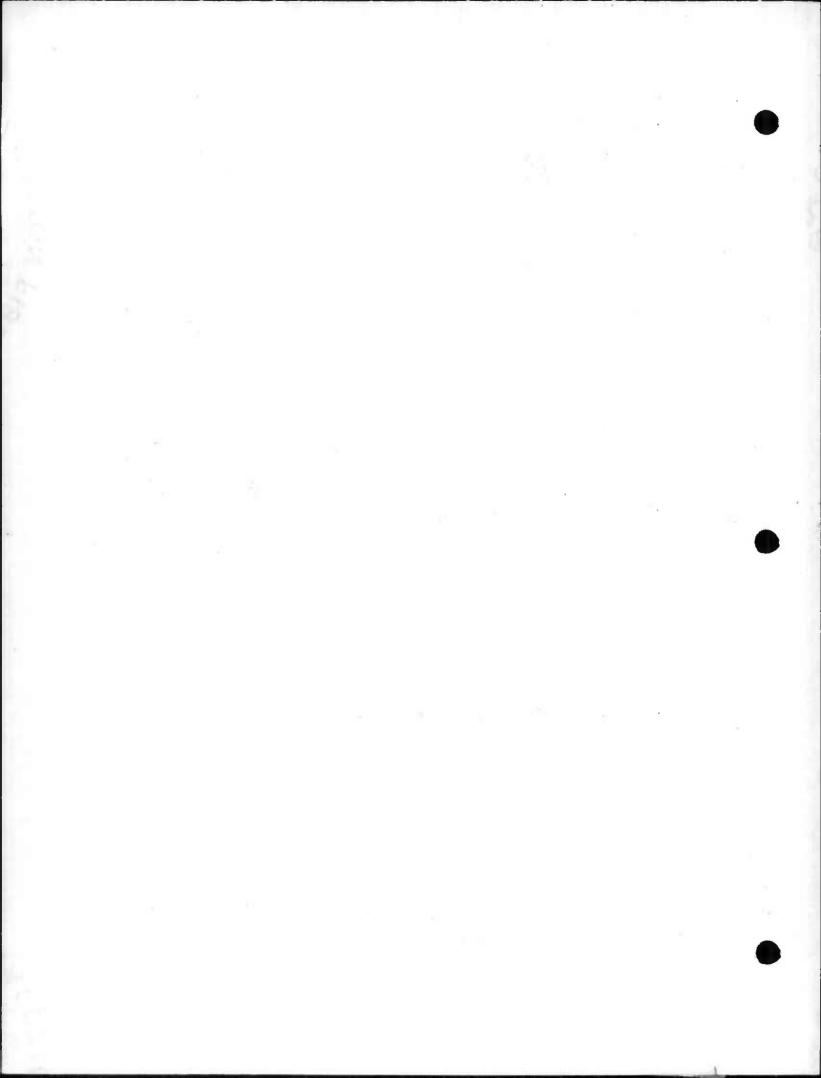
1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: BY 3 Widowed WX Olvorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 MANUFACTURING MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BENSON MANN, JR **BE** FRANCES RANSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BEVERLY MASON 221 WOODBROOK LANE, BALTIMORE, MD 21212 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State GREEN MOUNT CREMATORY 1/95 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS COMPANY 4905 YORK ROAD, BALTIMORE, MD 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata intarvai Between shock, or heart feiture. List only one cause on each line Onset and Death **IMMEDIATE CAUSE (Final** Edema alworacy disease or condition resulting in death) lee Roos DUE TO (OR AS A CONSEQUENCE OF) exeles Leidionia CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS Proffale with prefestosis PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Rasidence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28h. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident INJURY 5 Pending М 1 YES 2 NO BY Investigation 26a. PLACE OF INJURY — At home, farm, atreet, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined G 4 Homicide COMPLET

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On on and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as atated. 29c. LICENSE NUMBER 299. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) freialis7 exavared to 040356 15/95

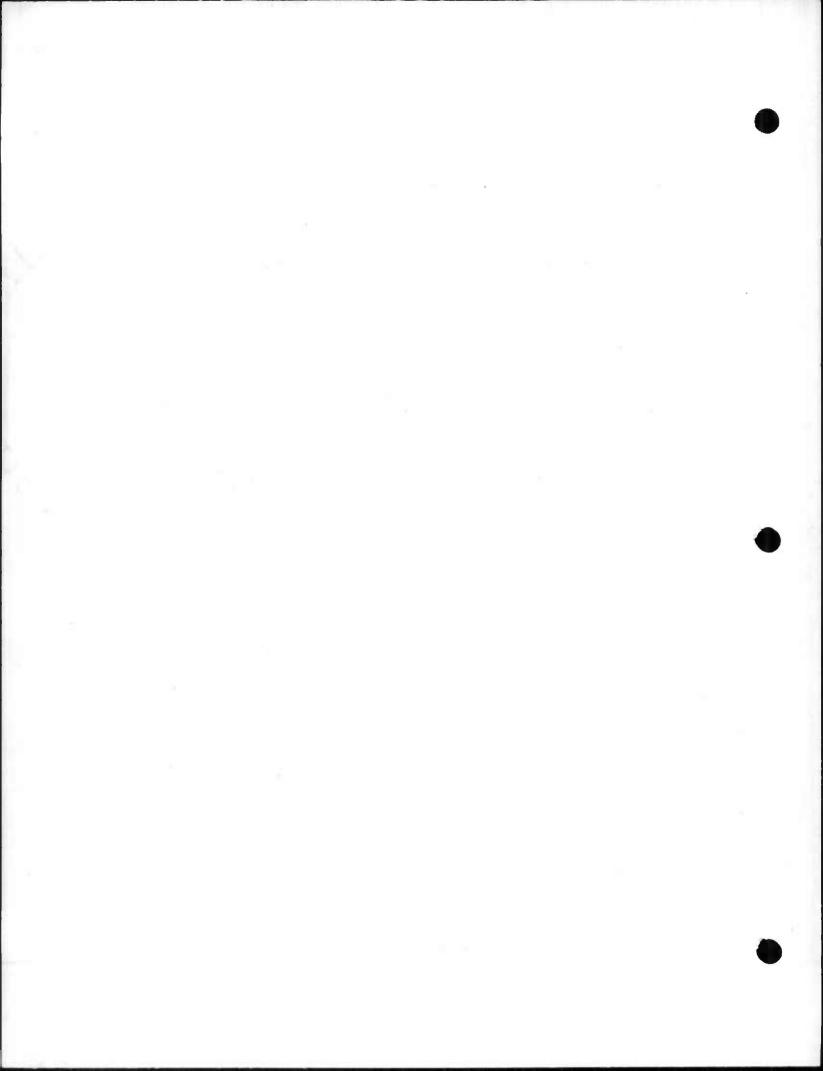
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N.NAVARRO

produce ay 12 REGIST

21231



SECRET W. MOORE  1. SOCIAL SECURITY NUMBER  2.18-14-8668    XXM 2   P	DRE DE CITY TS? S X NO NTRY?  cen Indian, tc.									
SOCIAL SCURRTY NUMBER  218-14-8668  XM 2   F   S. SEX  208-14-4-868  208-14-4-868  208-1	DRE DE CITY TS? S XX NO NTRY?									
TVY HALL GARIATRIC CENTER    MIDDLE RIVER   BALTIMORE   100. CHITY   1	DE CITY TS X X NO NTRY?  cen Indian, tc.									
TOWN STREET AND NUMBER 730 HOLLY ROAD  10. ZIP CODE 21221  10. S. A.  11. MARITIAL STATUS 11. MARITIAL STA	NTRY?									
TOWN STREET AND NUMBER 730 HOLLY ROAD  10. ZIP CODE 21221  10. S. A.  11. MARITIAL STATUS 11. MARITIAL STA	NTRY? cen Indian, tc.									
Some of the control	E.									
S. DECEDENT'S EDUCATION   Speedy or profiled grade corrighted    16b. KINO OF BUSINESS/INDUSTRY										
WILLIAM MOORE   1986. INFORMANT'S NAME (Type/Print)   1986. INFORMANT'S NAME (Type/Print)   1986. MAILING ADDRESS (Street and Number or Pural Poulse Number, City or Town, State, Zip Code)   730 HOLLY ROAD, ESSEX, MARYLAND, 21221   205. METHOD OF DISPOSITION   206. PLACE AND DATE of DISPOSITION   Name of   206. LOCATION - City or Town, State   206. Date (Specify   200. PLACE AND DATE of DISPOSITION   Name of   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. MARYLAND, 21221   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS of FACILITY   HENRY W. JENKINS & SONS   4905 YORK ROAD, BALTIMORE, MD - 2    23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   April 106.   Name of   10.										
Part   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant conditions   1. Other significant   1.										
Algorite 2 cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UCENBEE  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTIMORE, MD. 2  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, into the suiting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTIMORE, MD. 2  23. PART I. Enter tha diseases, or compileations that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, into shock, or haart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	229									
SOCK, or hasn't failure. List only one cause on aach line.  Initial disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1	21212									
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES	proximata erval Between set and Death									
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES XXNO  1 YES										
PERFORMED?  1 YES XXHO  1 YES XXHO  1 YES XXHO  1 YES XXHO										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   DOA   Nursing Home 5   Residence 6   Other (Specify)	TOPSY FINDINGS E PRIOR TO ION OF CAUSE 17									
EXAMINER?  1   YES 2   NO	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inputient 2 ER/Outpetient 3 DOA ALA Nursing Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATN  XXX Natural 5 Pending 2 Accident Investigation  288. DATE OF INJURY (Month, Day, Vear)  286. TIME OF INJURY AT WORK?  1 YES 2 NO  286. INJURY AT WORK?  1 YES 2 NO										
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner.	er,									
29b. SIGNATUR AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Date SIGNED) (Month, Date SIGN										
GRACITO PATRICIO M.D. 8903 HARFORD RD. BALTO., MD.  31. DATE FILED (Moniti, Day, Year)  32. REGISTRAR'S SIGNATURE	ner ee stated.									
JAN 2 7 1995 Juli Daviden Restell	ner ee stated.									



		FOR 1 - STATE REGISTRAR			ARTMENT OF IFICATE OF		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last	Raheem Vinc	ento Moor	e		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthd		IF UNDER 24 HRS.	JAN.11,		19:05 P M	
		216-94-2226	1 🗮 M 2 🗆 F	1.4 YR	MONTHS DAVE	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
should		9e. FACILITY NAME (If not institution, give	street end number)	14	9b. CITY, TOWN	OR LOCATION OF D	L Mar. 12	9c. COUNTY		
2, 3 s	OR	SHOCK TRAUN	1A UNIT		BALTI	MORE				
<del>-</del> -	RECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY	10c	CITY, TOWN OR LOCA			Maryland 100, INSIDE CITY		
permit. Pages	DIR	Md.			Baltin				LIMITS?	
реші	AL	10e. STREET AND NUMBER				of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
an. ransit	FUNER	796 W. Sara				21201		U	.S.A.	
020 physician. burial-transit	5	11. MARITAL STATUS  1 Nover Married 2 Merried	12. WAS DECEDENT EV FORCES? 1				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.	
215-0020 attending physic ise as the burial	B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		S 2 NO Specif			Specify: Black	
215-0 r attending use as the	E	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDEN	T'S USUAL OCCUPAT of work done during m	ION	16b. KIND OF BU	ISINESS/INDUST	TRY	
0 5	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NO	T use retired.)	ost or working				
AND the hospital detached for	COMP	17. FATHER'S NAME (First, Middle, Lest)		Sti	dent					
3 8 6 Z	Ö	Randolph Dix	on			200000000000000000000000000000000000000	ME (First, Middle, Maiden			
AR ained hould	100	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	NG ADDRESS (Street	end Number or Rural	erry Moo Route Number, City or Tow	re vn, State, Zip Coc	de)	
E, M. / be reta	2	Cherry Moore	9	1			St Balto			
		20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rec	moval from State	20b. PLACE AND DA	TE OF DISPOSITION (A	lame of	DATE 20c. LO	OCATION — City	or Town, State	
Page 6 m al director, ner must		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	IC BUILD	Mt. Z	ion Cem	etery J	ah 18, 1	995 F	Balto.	
BALTIMOR or death. Page 6 ma the funeral director, r val.		A al.	0	- 0	"Car	Iton C.	Douglas	s Fune	eral Service	
BAL1  In Safter death.  In by the funeral removal.  Salical examilia	-	23. PART I: Enter the diseases, Dr	complications that	yeau					Md. 21217	
hours of ref		ahock, or heart fellure	. List only one ceuse of	on sech line.	o not enter the m	ode or dying, suc	n as cerdiec or reap	iratory arrest,	interval Between	
5 = 5 9		disease or condition resulting in deeth)	GUNSA	HOT WOT	Mes o	F CHGS	ST & BA	CK	Onset and Death	
ted within completely ial, cremat,	į	resulting in deetil)		AS A CONSEQUENCE						
executed with and complet b burial, cren	NO	Sequentially list conditions,	b	AS A COMPEQUENCE	00					
au cian	If any, leading to immediate cause. Enter UNDERLYING									
	IFI	CAUSE (Disease or Injury thet Initieted events	DUE TO (OR	AS A CONSEQUENCE	OF):					
T # # # 5	CERTIFI	resulting in deeth) LAST	d							
In the d	CAL (	PART II. Other aignificant condition	na contributing to des	th but not reaultin	g in the underlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
- 8 - 8 -	EDIC						PERFORMED?  AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?			
law requires that see signed as been signed ept. of Health a 23 shows any	Σ						′		1 NES 2 INO	
1 6 8 8 a	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSI		YES NO [		۷ D		,	
F 88 5	PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗆 Residence	6 D Other (Dec.)			
YSICIA S certif	ž.	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. 1	IME OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	INJURY OCCURE	ED	
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.	À	Flatural 5 Pending Investigation	1/11/01	183	J PM 1 -	YES 2 NO	SUBJECT SHOT			
TTENDII AI affer de 18 18 18 18 18 18 18 18 18 18 18 18 18	- 10	Building 6 Could not be determined	25e. PLACE OF INJ building, atc. (	JURY — A1 home, farm (Specify) STLEE	n, street, factory, offic	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
OR ATTENDING F DIRECTOR: After thours after death Item 28 is mar	5	29e. CERTIFIER		1	800 BLIL W. LEXINGTON ST. BALTIMON					
조 국 전 노	COMPLETED	(Check only	SICIAN: To the best of my k						ruse(e) and manner on stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		291 SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE NUN			GNED (Month, Day, Year)	
THE OF THE POPULATION OF THE P	BE	Ut Wyz	Hall I	DM		OCME			AN. 12, 1995	
0=	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	The United States						
1		31. DATE FILED (Month) Day, Year)	W JR M		Penn St	reet, Ba	altimore,	Mary	land 21201	
		JAN 1 ( 1995 A	32. REGISTRAR'S S							
		ALIN - 1999 A	ale d'avelent	ANAL					OHMH-15 Rev 1/89	

OHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21215-0000 W	r requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending principle.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human because 1, 2, 3 should be filed within 72 hours after death with the State Debt. of Health and Mental Hotiene prior to burial, cremation, or removal.	a madical examinar must be additioned at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deot, of Health and Mental Hotlene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinant must be marking at once

31. DATE FILED (Month, Day, Year)

JAN 1

							,				9	5	00828
		1 - FOR STATE REGISTRAR	TE OF N	MARYLAND /	DEPAR	TMENT	OF HI	EALTH	AND I	MENTAL HYGI			
		1. DECEDENT'S NAME (First, Middle, Last)	5	5	-11111	IOAIL	OI.	DEA		2. DATE OF DEATH		95°	3. TIME OF TRATH
		4. SOCIAL SECURITY NUMBER 5. SEC 273-07-2183 1 □	M 2 💢 F	8. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year APR . 14		8. BIRTI	HPLACE (State or Foreign
9	5	90. FACILITY NAME (If not institution, give street and number)  BEVINDABL  Levindale  BALTIMORE										UNTY OF D	
a of many	וכבו	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY
		MARYLAND  100. STREET AND NUMBER			B	ALTIM		ZIP CODI			10g. CI	TIZEN OF	1 YES 2 NO
T WED A !	מאוס	2500 W. BELVEDERE AV	S DECEDEN	T EVER IN U.S. ARI	MED	13. V	MAS DECE		215	IIC ORIGIN? (Specify		ISA La BAC	E — American Indian.
à	5	1 Never Merried 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES X							n, Maxica	n, Puerto Rican, etc.		Spec	k, White, etc.
Cata		15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	ed) ge (1-4 or 5 i	(Gir	CEDENT'S ve kind of v Do NOT us	USUAL OC vork done d se retired.)	CUPATION	N t of workin	ng	16b. KIND OF	BUSINESS/IN		712.2.2.2.
UNICE.	TIME TO	8 17. FATHER'S NAME (First, Middle, Last)	ge (1-4 or 5 4		BROII	DERER				GARME			
20 20 20			TEIGE	R					VITT	ME (First, Middle, Mai IE	,	RZLI	NGER
		198. INFORMANT'S NAME (Type/Print)  MRS SEDELLE NADDOR				ADDRESS				Number, City or			21030
1671		20s. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 ♣ Removal fro 4 □ Donation 5 □ Other (Specify)	m State	20b. PLACE A cemetery, crer	ND DATE (	OF DISPOSI	TION (Nem	ne of		DATE 20c.	LOCATION -	- City or Te	own, State
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	ZION	(BE	22. 1	NAME AND	ADDRES	SS OF FAC		RTHFI	ELD,	OHTO
200		23. PART Enter the diseases, or compile	ations the	Caused the dea	ath. Do r	60	10 R	ETST	PERTY	DIATRI RID	BALTO	M	21215
		IMMEDIATE CADSE Finel										intarval Batween Onset and Death	
evelli,		disease or condition resulting in death)  a. Metastatic CANCER, WKnown Primary  Due to (or as a consequence of):											
NO		Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
TIEICATION		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		enta (OR AS A CONSEO	UENCE O	F):							
TERT		resulting in death) LAST											
TA S		PART ii. Other algnificent conditione contributing to death but not resulting in the underlying cause given in Part i.									AN AUTOPSY FORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1	2 NO		OF DEATH?
DHYSICIAN.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DITAL					CE OF D	EATH (Che	ock only one)			
I V		1 YES 2 NO 1 Input lant 2 ER/Output lent 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)											
D VA	- 10	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO											
TED		3 Suicide 8 Could not be 4 Homicide detarmined	building,	F INJURY — At hor etc. (Specify)	ne, farm, i	street, facto	ory, offica			28f. LOCATION (Sin City or Town, St		er or Rural I	Route Number,
COMPLET		29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the											a) and manner ae stated,
E E		206. SIGNATURE AND TITLE OF CERTIFIER	ė,	MD CUM					NSE NUM		29d. DA	TE SIGNED	(Month, Day, Year)
E C		30. NAME AND ADDRESS OF PERSON WHO COMP DEBRA S WELT			1 27) (Type,	Print)	434			lvedere	Ar	B	As nd

32. REGISTER'S SIGNATURE

July Dander-Rardall

DHMH-16 Rev 1/89

SAN I risss

UNK 95-002 ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/26/95 t.t

July 32 DESTROY ROUTE

1 - STATE REGISTRAR	STATE OF MAR		CATE OF DEATH					
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	REG. NO	D			
JAMES		MIT	ES	JAN 03	1995 YEAR	3. TIME OF DEATH 4:22A		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A		F UNDER 1 YEAR		8. BIRT	THPLACE (State or Foreign		
213-30-5418	1 K M 2   F	61 YRS.	ONTHS DAYS HOURS MIN	(Month, Day, Year) 11-01-3	Cour	aryland		
9a. FACILITY NAME (If not institution, give s	treet and number)		b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF			
944 W. SARATOG	A STREET.		Baltimore (	City.				
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			227					
				ltimore C:	ity	10d. INSIDE CITY LIMITS?		
Maryland  100. STREET AND NUMBER		63:	N. Carrol	lton A		1 X YES 2   NO		
	1.		10f, ZIP CODE			WHAT COUNTRY?		
633 N. Carrol	12. WAS DECEDENT EV		2121	7	US			
1 X Never Married 2 Married	FORCES? 1 X 1	rES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma	rican, Puerto Rican, etc.)	Bla	CE — American Indian, ck, Whita, etc.		
3 Widowed 4 Divorced	5/14/53-5	5/9/55	1 TYES 2 NO Sp	ecify:	Spe	Black		
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	DIACK		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor	k done during most of working etired.)					
		N/A						
17, FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maide	Surname)			
George C. Mil	es			e E. Savo				
19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or Ru					
<u>Janice Duckett</u>			Harlem Ave	Baltimor	ce, MD	21217		
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Rame	oval from State	20b. PLACE AND DATE OF cemetery, cremetory or othe	r placel		DCATION — City or 1			
4 ☐ Donation 5 ☐ Other (Specify)		Garrison-	<u>-Forest Vet</u>	1/9 Bal	ltimore	Co., MD		
21. SIGNATURE OF FUNERAL SERVICE DO	ENSEE OD		Tryin Car	roll Fune	ral Hor	n o		
Skur Arrell 1712-14 W. North Avenue								
23. PART i. Enter the diseases, or o	complications that can	sed the death. Do not	enter the mode of dying, a	uch as cardiec or reap	piratory arrest,	Approximate		
shock, or heart failure. I	List only one cause o	in each line.				Interval Batween Onset and Death		
disease or condition resulting in death)	HYPOTHERM	MIA COMPLICATI	NG ALCOHOLISM					
to south y	DUE TO (OR	AS A CONSEQUENCE OF):						
Sequentially list conditions,	b							
if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):						
CAUSE (Disease or injury	DIE 70 (00							
that initiated events resulting in death) LAST	DOE 10 (OR )	AS A CONSEQUENCE OF):						
	d							
PART ii. Other aignificent condition	e contributing to deep	th but not resulting in	the underlying ceuse given	in Part I. 24s. WAS AF		b. WERE AUTOPSY FINDINGS		
				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						OF DEATH?		
				A		1 N YES 2 NO		
DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH YES	□ NO □ UNCERTA			1 N YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)			1 N YES 2 NO		
	RIBUTE TO CAUSE  HOSPITAL: 1   Inpetient 2   ER/	26. PLACE OF DEATH		AIN 🗆	ON SIDE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/	26. PLACE OF DEATH Outpetient 3 DOA 4	(Check only one)  ITHER:  Nursing Home 5 Resident  F 28c. INJURY AT	AIN 🗆	ON SIDE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:	26. PLACE OF DEATH Outpetlent 3 □ DOA 4  RY 28b. TIME (INJUR	(Check only one) ITHER:   Nursing Home 5   Resident OF 28c. INJURY AT WORK?	AIN   ia 6 XOther (Specify)	ON SIDE			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Dey, 16 FOUND 1-3-	26. PLACE OF DEATH Outpetlent 3 DOA 4  RY 28b. TIME 6 INJUR 95 UNKNOW!	(Check only one)  ITHER: Nursing Home 5 Gesiden  F 28c. INJURY AT WORK?  M 1 VES 2 XNO	a 6 Xother (Specify)  28d. DESCRIBE HOW  EXPOSURE 10	ON SIDE	CWALK		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be datermined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL:    Impetient 2   ER/   26. DATE OF INJU   (Month, Dey, 16   FOUND 1-3-   260. PLACE OF INJ   building, etc. (   FOU	26. PLACE OF DEATH Outpetlent 3 DOA 4 RY 20b. Tile. gr) UNKNOW! URY — At home, farm, stre Specify ND IN FRONT Of	(Check only one)  ITHER:  Nursing Home 5 Resident  OF Y 28c. INJURY AT YWORK?  NM 1 YES 2 XXNO  et, factory, office  BLDG.	28d. DESCRIBE HOW EXPOSURE TO 281. LOCATION (Street City or Town, State BALTIMORE, N	ON SIDE INJURY OCCURED COLD and Number or Rural 2944 W. SAP. ID.	CWALK  Route Number, ATOGA ST.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be datermined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL:    Impetient 2   ER/   26. DATE OF INJU   (Month, Dey, 16   FOUND 1-3-   260. PLACE OF INJ   building, etc. (   FOU	26. PLACE OF DEATH Outpetlent 3 DOA 4 RY 20b. Tile. gr) UNKNOW! URY — At home, farm, stre Specify ND IN FRONT Of	Check only one)  THER:  Nursing Home 5 Resident  Y 28c. INJURY AT  WORK?  1 YES 2 X NO  et, factory, office  BLDG,  at the time, data and place, and of	28d. DESCRIBE HOW EXPOSURE TO 28f. LOCATION (Street City or Town, State BALT IMORE, N  Just to the cause(a) and ma	ON SIDE INJURY OCCURED COLD and Number or Rurel 9944 W. SAP. 1D. Inner as stated. Indidua to the cause	CWALK  Route Number, ATOGA ST.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Impetient 2   ER/   26. DATE OF INJU   (Month, Dey, 16   FOUND 1-3-   260. PLACE OF INJ   building, etc. (   FOU	26. PLACE OF DEATH Outpetlent 3 DOA 4 RY 20b. Tile. gr) UNKNOW! URY — At home, farm, stre Specify ND IN FRONT Of	Check only one) THER: Nursing Home 5 Resident SE NURSING HOME 28c. INJURY AT WORK? WORK? I YES 2 KNO set, factory, office  BLDG.  It the time, data and place, and office are the time, data and time are the time, and time are the time.	28d. DESCRIBE HOW EXPOSURE TO 28f. LOCATION (Street City or Town, State BALT IMORE, N  Just to the cause(a) and ma	ON SIDE INJURY OCCURED COLD and Number or Rurel 9944 W. SAP. 1D. Inner as stated. Indidua to the cause	CWALK  Route Number, A10GA ST.  (a) and manner as stated.  D (Month, Day, War)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/  28. DATE OF INJU (Month, Day, Ve FOUND 1-3-  28e. PLACE OF INJ building, etc. ( FOU  CIAN: To the best of my k R: On the basis of axamin	26. PLACE OF DEATH Outpetient 3 DOA 4 RY 26b. Tile, 27 INJUR 95 UNKNOW! URY — At home, farm, stra Specify ND IN FRONT Of nowledge, death occurred ation and/or investigation,	(Check only one)  THER:  Nursing Home 5   Resident  Sec. INJURY AT  WORK?  1   YES 2   NO  et, factory, office  BLDG.  It the time, data and place, and din my opinion, death occurred at  29c. LICENSE I	286. DESCRIBE HOW EXPOSURE TO 261. LOCATION (Street City or Yours, State BALTIMORE, M  sus to the cause(a) and ma the time, data and place, a  sumber M.E.	ON SIDE INJURY OCCURED COLD and Number or Rural 294.4 W. SAP. ID., Inner as stated, and due to the cause  296. DATE SIGNE  JAN O	CWALK  Route Number, ATOGA ST.  (e) and manner as stated.  D (Month, Day, Year)  13, 1995		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked for item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

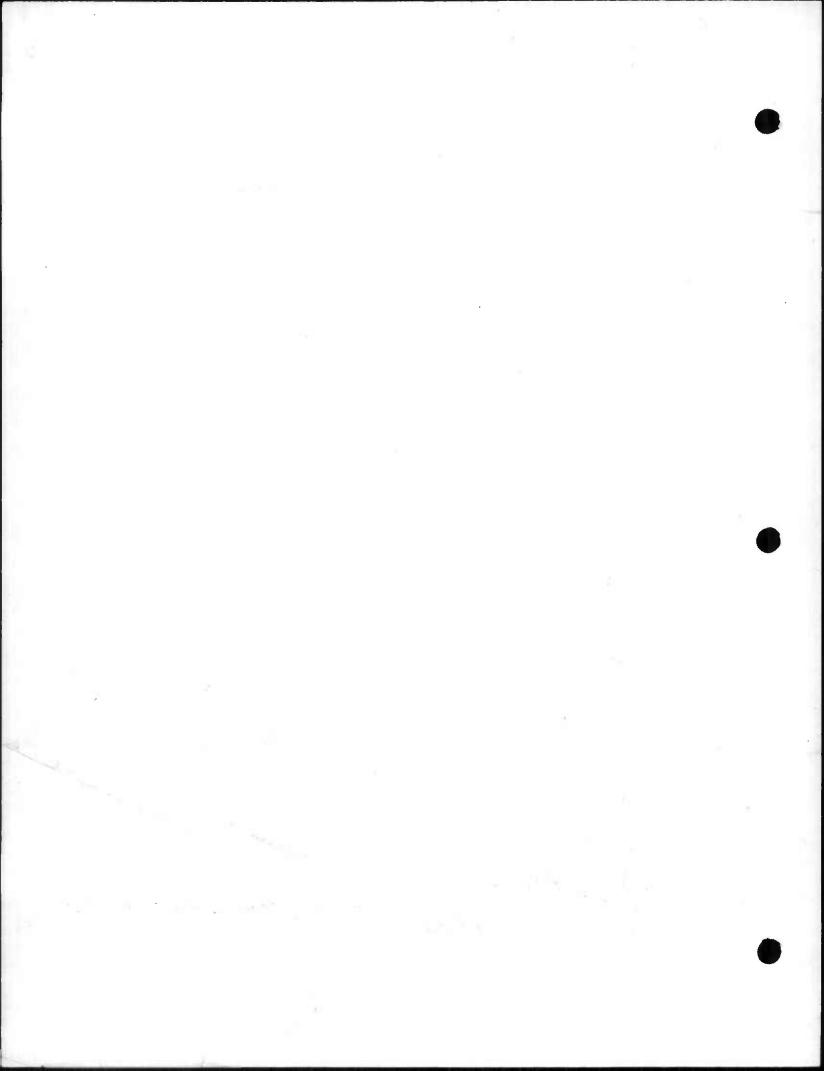
TO BE COMPLETED BY PHYNCIAN: MEDICAL CERTIFICATION

JAN 1 1995

ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



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29a, CERTIFIER

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be free filter of four of iMPORTANT: If item 2

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY MARY RUTH MAYER January 13,1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 F DAYS HOURS YRS 076-12-3159 Jan. 12,1908 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Long Green Nursing Home Baltimore Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City permit. FUNERAL 10e. STREET AND NUMBER physician. burial-transit p 6225 York Road, Apt 311 N 21212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: BY 3 Widowed 4 Divorced attending parties as the use as t COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 15b. KIND OF BUSINESS/INDUSTRY (Specify only high Jo. Elementary/Secondary (0-12) College (1-4 or 5+) detached 4 vears Registered Nurse Medical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) pe 76 Hinson Cornelia BE page 5 should notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Manfred 6225 York Road, Apt 311N, Baltimore, MD 21212 Mayer 9 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, 4 ☐ Donation 6 ☐ Other (Specify) Greenmount Crematory 21. SIGNATURE OF FUNERAL SERVICE CONTROL examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Martin D. Lawson 6500 York Road, Baltimore, Maryland 21212 completely filled in by the ial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line cremation, or IMMEDIATE CAUSE (Fine) Parbable Sepsis disease or condition resulting in deeth) Fever event, DUE TO (OR AS A CONSEQUENCE OF to burial, traumatic and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician CERTIFICAT prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 Mental signed by the a Health and Ment PART II. Other aignificent conditions contributing to death but pot resulting in the underlying peuse given in Part i. 24s. WAS AN AUTOPSY MEDICAL intracranial blear Donartia MVP 1 TYES 2 NO shows a Direttralusis PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, Item State certificate OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA the 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED With 1 Watural this INJURY 5 Pending investigation 1 YES 2 NO AHE:TOR: After to BY 2 Accident 95

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 7:45 P 8. BIRTHPLACE (State or Foreign South Carolina 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify White Mangum DATE 20c. LOCATION — City or Town, State 1/16 Baltimore, Maryland interval Between Onset and Death week

> 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO

> > 95

28s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide

(for Dr. Cellins

281. LOCATION (Street and Number or Rural Route Number City or Town, State)

D37133

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND HIJLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

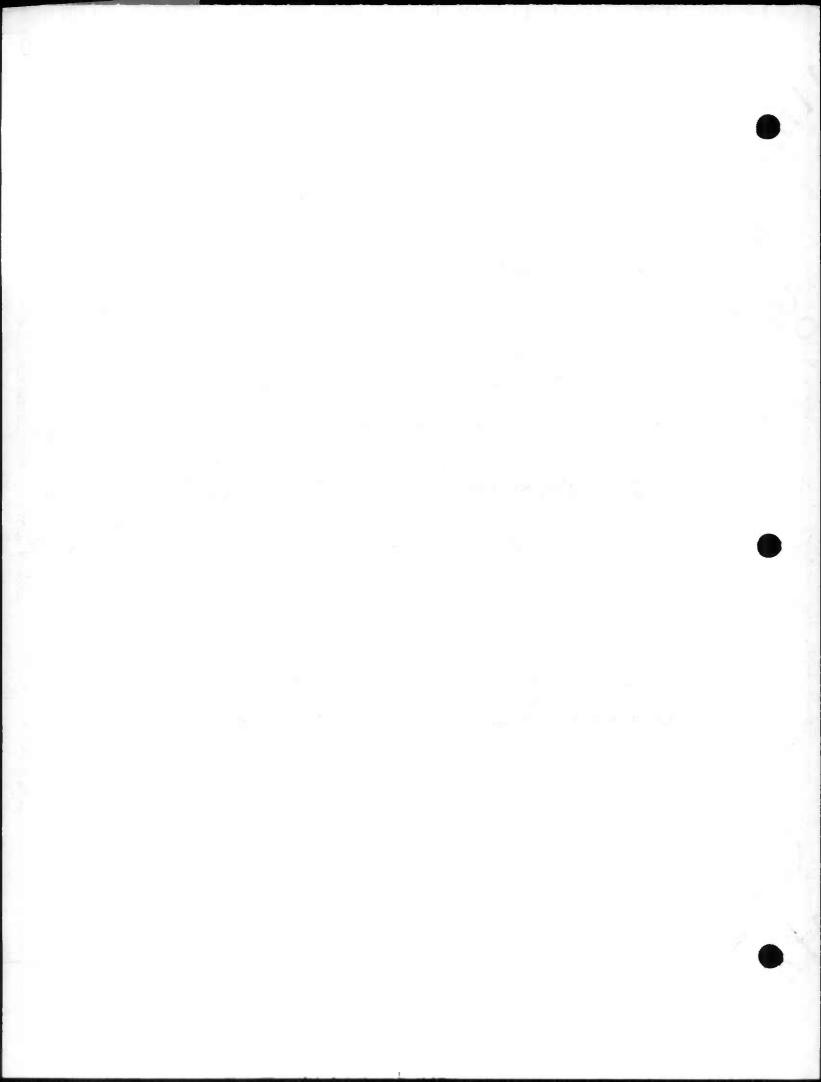
Donna Dow, M.D., 6301 North Charles Street, Baltimore, Maryland 21212

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AN 17 1995

6 Could not be

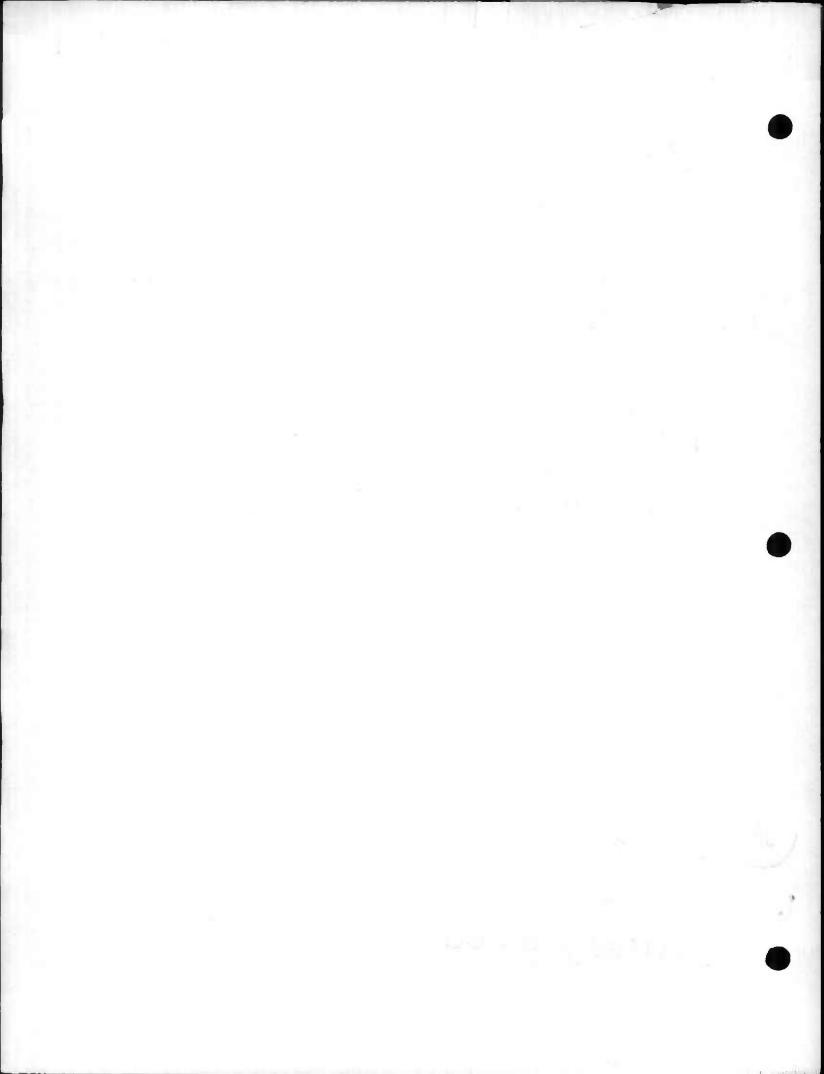
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PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Dey, 'bear)  28b. TIME OF INJURY AT WORK?  M t YES 2 NO  28c. INJURY AT WORK?  M t YES 2 NO  28c. INJURY AT WORK?  M t YES 2 NO  28c. INJURY AT WORK?  M t YES 2 NO  28c. INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT WORK?  M t YES 2 NO  28c. PLACE OF INJURY AT HOME A		1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		REG. N	0.		
SOON SECURITY NUMBER   SEX   SACE   SACE   Page 1 and believe or For Controlly   Sace				y. Sr.			MONTH		EAR	
Secondary   Seco		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)		-	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Fo	
DEFINITION OF LOCATION    SET   STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE COUNTY   THE STATE   THE STATE   THE COUNTY   THE STATE		Norman Donald Melby, Sr.  4. Social Security Number  4. Social Security Number  5. SEX  6.4 VRS.  8. AGE (in yra. last birthdy)  98. FUNDER 12 MRS.  99. FACILITY NAME (it not institution, give street and number)  3326 Chestnut Avenue  8. Baltimore  99. CITY, TOWN OR LOCATION OF DEATH  80. STREET AND Number  3326 Chestnut Avenue  100. STREET AND Number  3326 Chestnut Avenue  11 MARRITAL STATUS  12 WAS DECEDENT EVER IN U.S. ARMED  13 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or If yee, specify Cuben, Markican, Puerto Rican, etc.)  15 Widdowed 4 Divorced  15 DECEDENT'S EDUCATION  (Specify only highest grade completed)  16 Melby  17. FATHER'S NAME (First, Middle, Last)  Ed Melby  18. MIDDORNANT'S NAME (First, Middle, Last)  Ed Melby  20. METHOD OF DISPOSITION  10 Busines  20. METHOD OF DISPOSITION  10 Busines  20. METHOD OF DISPOSITION  10 Busines  21. Signature of Funeral Service Licensee  22. NAME AND Address of Funeral Gardens Timos  23. PART I. Enter the diseases, or complications that deutsed the deeth. Do not anter the mode of dying, such ea cardisc or respirate  23. PART I. Enter the diseases, or complications that deutsed the deeth. Do not anter the mode of dying, such eac cardisc or respirate  23. PART I. Enter the diseases, or complications that deutsed the deeth. Do not anter the mode of dying, such eac cardisc or respirate  24. Social Service and for a cardisc or respirate cardisc or respirate cardinal for the disease or complications that deutsed the deeth. Do not anter the mode of dying, such eac cardisc or respirate cardinal for the cardinal forms and for the cardinal forms and forms								
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Billimentary/Secondary (0-15)   College (1-4 or 5 +)   Auto Trimmer   D&D Auto Sales		1 Never Merried 2 Merried	FORCES? LTYYES	2 NO	If yes, a	pecify Cuben, Mexic	an, Puerto Rican, etc.)		Black, White, etc. Specify:	
Auto Trimmer  DED Auto Sales  17. FATHER'S NAME (First, Micolia, Last)  Ed Melby  18. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Last)  19. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  20. MOTHER'S NAME (First, Micolia, Micolia, Surname)  21. SAME AND ADDRESS (Street and Number or Aural Micolia, Surname)  22. MANE AND ADDRESS (Street and Number or Aural Micolia, Surname)  23. PART I. Enter the diseases, or complications that claused who deeth. Do not enter the mode of dying, such as cardiac or respiratory street,	TED	(Specify only highest grad	de completed)	(Give kind of	work done during m	ION nost of working	16b. KIND OF E	BUSINESS/INDUS	TRY	
The information and the information of the informat	APLE		College (1-4 or 5+)	1111. 100.00			D&D Auto Sales			
The information of the informati	_							len Surname)		
20. METHOD OF DISPOSITION   Town of careflety, committing or other places   20. December   20. Collection	00			19b. MAILIN	G ADDRESS (Street			fown, State, Zip Co	ode)	
Committed   Comm	ř		20							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Alan Seitz, Jr. Funeral Home 3818 Roland Ave. Baltimore, Maryland 2 32. PART I. Enter the diseases, or complications that claused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat, book, or heart fellure. List only one ceuseion each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  That initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OP):  OUE TO (OR AS A CONSEQUENCE OP):  The initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OP):  1		1 To Buriel 2 - Cremation 3 - Re	moval from State	other place)						
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL HOSPITAL:  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending In the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PARTORNED?  24b. WERE AUTOPSY PARTORNED?  24c. WAS AN AUTOPSY PARTORNED?  24d. WERE AUTOPSY PARTORNE	ERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Simal ( DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	ма Ст ог): ог):				Interval E	
28. WES CASE REFERENCE TO MEDICAL EXAMINER?  1	AL CE	PART II. Other significent condition	one contributing to death	but not resulting	g in the underlyi	ing ceuse given	PER	FORMED?	AMAILABLE PRIOR	
M 1 YES 2 NO  Z Accident Surestigation 3 Suicide 6 Could not be determined determined 4 Homicide determined		EXAMINER?				PLACE OF OEATH (	Check only one)			
3 Suicide 6 Could not be building, etc. (Specify)  288. PLACE OF INJUNY — At home, farm, street, factory, office building, etc. (Specify)  289. Clty or Town, Street and Number or Pural House Number, City or Town, State)		27. MANNER OF OEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c. II	NJURY AT WORK?				
	ED									
	Ш	3 Sulcide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only	building, etc. (Sp	ecify) wiedge, death occu	arred at the time, de	ste and place, and c	ue to the cause(a) and	menner as stated	d.	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE	BE COMPLET	3 Sulcide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	ySICIAN: To the best of my long INER: On the basis of examinet	ecity) wiedge, deeth occu	arred at the time, di ation, in my opinion	ete and place, end o	ue to the cause(a) and he time, date and place	menner as stated	d. cause(s) end manner se	
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	BE COMPLET	3 Sulcide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	YSICIAN: To the best of my long INER: On the basis of examinet FIER WHO COMPLETED CAUSE OF	ecity) wiedge, death occu	urred at the time, du	ste and place, end of death occured at 1	ue to the cause(a) and the time, date and place UMBER	menner as stated	d. cause(s) end manner se	



BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the function be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

R STATE OF MARYLAND / DEPARTMENT OF

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce		RTMENT CAT					HYGIEN	E		
and the same	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH CECIL	NOR							2. DATE OF MONTH		Y 5	YEAR 3	TIME OF DEATH  5:30 a m
1 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDE		IF UNDER	24 HRS.	7. DATE OF (Month, De	BIRTH	T		ACE (State or Foreign
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	215-34-5132	1 🔀 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 1		909		YLAND
OR	9e. FACILITY NAME (If not institution, give Stella Maris	,			9b. CITY	Tows		ON OF DEA	АТН			LTIMO	
ECI	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN	OR LOCAT	ION			10d. INSIDE CITY			04. INSIDE CITY
	MARYLAND BALT	IMORE			TOWS	ON							LIMITS?
RAL	100. STREET AND NUMBER 2300 Dulaney	Vallev	Rd .			101	. ZIP COD	1204			10g. CITIZ	ZEN OF WH	AT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED IO		If yes, spe	ENDENT C	OF HISPANIC	C ORIGIN? (S	Specify Yes			- American Indian, White, etc.
	3 Nidowed 4 Divorced	IF YES, GIVE V						Specify:				Specify: WHIT	
ETE	(Specify only highest grade	College (1-4 or 5	(Gi	ve kind of Do NOT u	Work done se retired.)	during mo	IN st of workin	ng	16b. KII	ND OF BUS	INESS/IND	USTRY	
AP.	7	Conlege (1-4 of 5		Far	mer				Fai	rming	5		
	17. FATHER'S NAME (First, Middle, Last) William	Monnie							E (First, Midd	lle, Meiden :	Surname)		
	19a. INFORMANT'S NAME (Type/Print)	NOTTIS	400			2.00		lora l	Dyer				
٩	Joseph C.No								moniur			,	
	20a, METHOD OF DISPOSITION 1	noval from State	20b. PLACE A					rdens	S 19			m. MD	,
	21. SIGNATURE OF FUNERAL SERVICE LI	OENSEE ON	+		22.			SS OF FACI	LITY			, ,	
	OF PLANTS	van W. 01	ary						ral Ho		moni	um MD	21093
	23. PART i. Enter the disesses, or shock, or/heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one chi	on each ilne.			the mo-	de of dyl	lng, auch	ss cardiac	or respir	ratory arre	est,	Approximate interval Between Onset and Death
		DUE TO	(OR AS A CONSEC	UFFICE O	1:48	progress of a	1						
MITION	Sequentially list conditions, our TO (OR AS A CONSEQUENCE OF):  OUR TO (OR AS A CONSEQUENCE OF):												
IIFIC/	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events  DUE TO (OR AS A CONSEQUENCE OF):												
CERI	resulting in death) LAST	d											
CAL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.									A O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE		
MEC											- 8	F DEATH?	
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN SERVICE OF DEATH (Chief Into Cont.)												
ICI/	EXAMIRER? HOSPITAL: OTHER:												
HYS	27. MANNER OF DEATH 28st. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28st. DESCRIBE HOW INJURY OCCURED												
	1 Natural 5 Pending (Moon, Der Har) INJURY WORKY 2 Actident Investigation M 1 YES 2 NO										AMES!		
	2 Accrosers 3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined  28e. PLACE OF INJUSTY — At home, farm, street, factory, office City or Town, State)											te Number	
MPLE	29s. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of a	my knowledge, das	ath occurr	ed at the t	ime, data	and place,	, and due to	o the cause(s	s) and men	ner ee atate	id.	
	296. SIGNATURE AND TITLE OF CERTIFIE				,, .	, inion, d	-	4		piaca, and			Ionth, Day, Year)
TO BE							11	NSE NUMB	C 4		<b>&gt;</b>	JOHNEO (M	onn, Day, War)
	30. NAME AND ADDRESS OF PERSON WE $EDDIE\ NAKHUDA$ , $M$ .		SE OF DEATH (ITEN			ROAD	, TO	WSON.	, MD 2	1204			
	31. DATE FILED (Month, Day, Year)		A'S SIGNATURE				-						

I AL MED STATE OF ALL

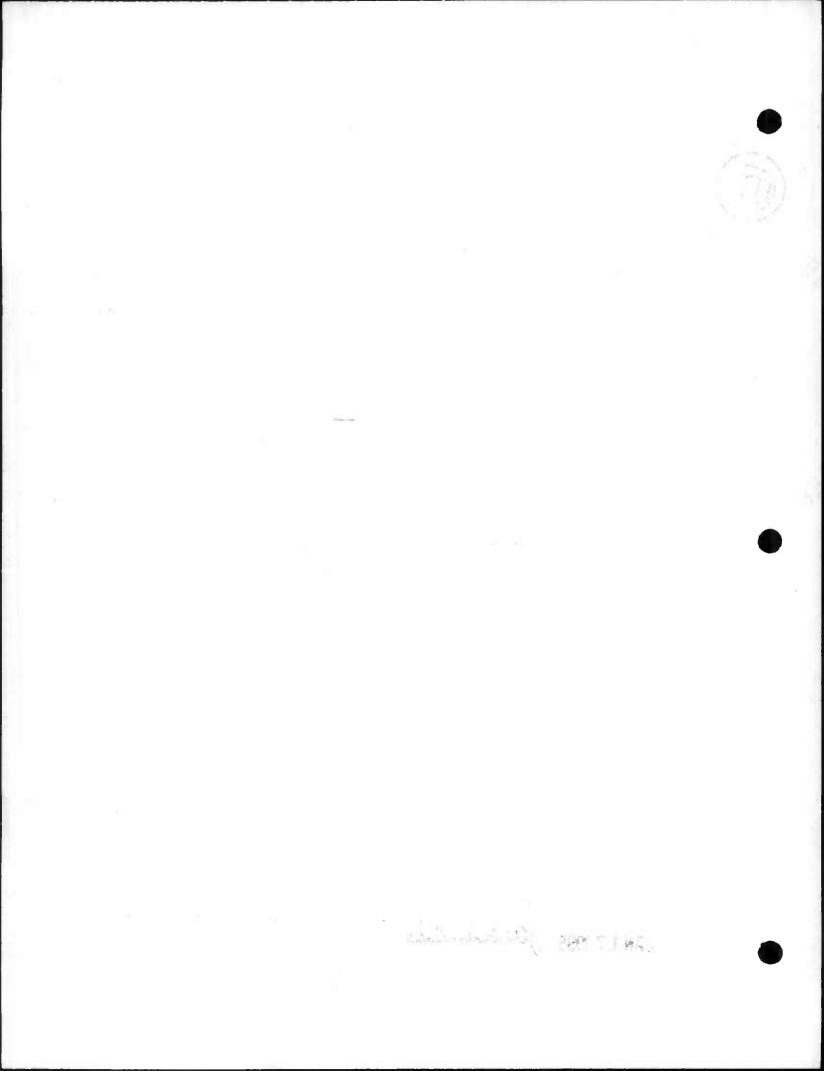
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIII	1 i cm;	Tap'	PER F.F	1.	FILM G-/	19	1/17/95	t.t
FOR			CTATE	ΛE	MADVIAL	ın /	DEDADTME	MT A

	1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							•	2. DATE OF DEATN			3. TIME OF DEATN
	Warren	Nixon					Jan 1	AY	995	0542 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)				UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			IPLACE (State or Foreign
	213-78-0136	1 M 2 D F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11-11-6	2	MA1	W RYLAND
	9a. FACILITY NAME (If not institution, give st	ireet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE		9c. COU	NTY OF D	
OR	Shock Trauma (	Center			Ba	11:	mor	e		N	ONE	
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		Luc	Be CIT	Y, TOWN O							10d, INSIDE CITY
DIRECTOR	MARYLAND	NONE					MOR	E C	ΙΈΥ			LIMITS?  YES 2 NO
	10e. STREET AND NUMBER			-			ZIP CODE			10g, CIT	IZEN OF W	WHAT COUNTRY?
FUNERAL	622 E. 36TH St:	reet					21	218		7.4		STATES
S	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	)					IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					21 NO		, Puarto Rican, etc.)		Speck	fy:
	15. DECEDENT'S EDUC	CATION	18a. DECED	NENT'S	Hellar oc	OI IDATIO			T		_	N AMERICAN
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give k	and of v	work done d se retired.)			g	16b. KIND OF BU	SINESS/IND	DUSTRY	
PL	1.2'TH	NONE	J	AN	ITOF	3			SUPE	MAR	KET	
SON	17. FATHER'S NAME (First, Middle, Last)	1,01,0					18. MOTN	IER'S NAI	NE (First, Middle, Melden			
ш	GEORGE CATES						A.	LIC	E SOMERV	ILLE		
10 B	19s. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow			
-	ALICE NIXON		62	2.2	E. #	4 3	6ТН	ST.	BALTO,	MD.	2]	L218
	20a. METHOD OF DISPOSITION  [X] Burial 2 Cremation 3 Hame	oval from State	20b. PLACE AND cemetery, cremeto	ory or o	ther place)		1.	-20-	-05	CATION —		
	□ Doneston 5 □ Other (Specify)     11. SIGNATURE OF FUNERAL SERVICE CO	1	GARRIS	ÓN	FOR	EST	VE'	<b>PER</b>	ANS CEM	OWI	NGS_	MILLS, MD
	I boling L	7	01.		CA	LVI	N B	S OF FAC	CRUGGS FU	INER	AT. F	IOME
	cuin p.	Demis	YXX	*	114	12	E . 1	PRES	TON ST	BAT	TPO -	MD. 21213
	23. PART I. Enter the diseeses, or call shock, or heart fellure. I	omplications that of List only one cause	sused the death. on each line.	. Do r	not enter	the mo	de of dyle	ng, such	ss cardisc or respi	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	P		× .					,			Onset and Death
	resulting in death)	Shor	wound b h				end					
-	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUE	OUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	2										
	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in deeth) LAST											
CAL	PART II. Other significent conditions	s contributing to de	ath but not resu	ilting i	In the unc	derlying	ceuse g	iven in i	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
									PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
Ä												OF DEATH?
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUS	SE OF DEATH	YE	S 🗆 N	10 🗆	UNC	ERTAIN				7
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF	F DEAT								
YSI	1 YES 2 NO	1 - Inpetiant 2 XEF		DOA	4 Nurs		5 🗆 Ras	sidence	B ☐ Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,	Year)	P. TIM	URY	28c. INJI WO	RK?		28d. DESCRIBE HOW I		-1 1	
BY	2 Accident Investigation	1-1-	- 9.5 O	_	30M	1 🗌 Y	7	Mo	765,00		shor	
G	3 Suicide 8 Could not be 4 Homicide datermined	building, atc.	(Specify)			ну, опісі			281. LOCATION (Street a City or Town, State)	and Number	or Rural R	Ballimore
	29s. CERTIFIER								325 N	JC M	ech	en st
COMPLETED	(Check only one)  1 CERTIFYING PNYSIC  2 MEDICAL EXAMINER	CIAN: To the best of my										
8				sugano	n, in my op	mion, o				d due to th	e cause(s)	and manner as stated.
BE	29b. SIGNATURE AND THILE OF CERTIFIER	- WC	1				29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (	OF DEATH (ITEM 27	) (Time	Print)			).C.	M.E.	J	an 1	5 1995
	DAVID R 31. DATE FILED (Month, Day, Year)	Fowler	11			St	reet	t. E	Baltimore	e. M	ary]	and 21201
	JAN 1 7 1995	File Die	ion hardall									

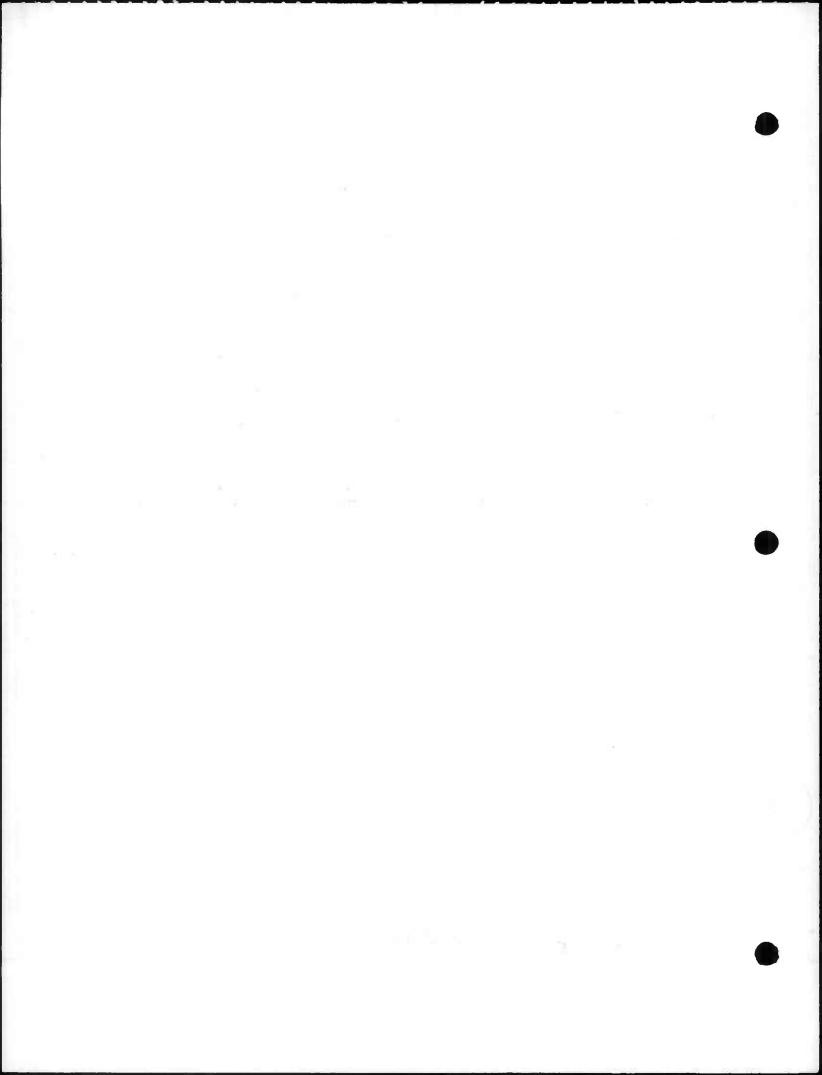


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DIVIDION OF VITAL RECORDS, P.O. BOX 68'

TO THE FUNERAL DIRECTOR. Asset this centrican has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 25 thus are dean with the State Capt. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT. If them, 28 is married, or item, 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIEI	_			
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH						
- 9	JAMES Le	onard	Neal			95 7:15 PM				
		5. SEX 6. AGE (II	IF UNDER 24 HRS.	7. DATE OF BIRTH	l a	BIRTHPI ACE (State or Formion				
	210 17 0/1/									
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF OEATH									
DIRECTOR	Union Memorial Hospital Baltimore City									
JEC	10a, STATE 10b, COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY		
	Maryland		Balt	imore				LIMITS?		
AL	10s. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	ZEN OF WHAT COUNTRY?		
FUNERAL	3805 Pleasant Plac				212	11	U.S	.A.		
교	11. MARITAL STATUS 1:	2. WAS OECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED 2 NO	If yes, spe	cify Cuban, Maxica	NIC ORIGIN? (Specify Ven, Puerto Rican, etc.)	a or No- 14	RACE — American Indian, Black, White, atc.		
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR OA	TES	1 TYES	2 NO Specif	y:	j	Specify: White		
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S US	UAL OCCUPATIO	N	166. KIND OF BU	ISINESS/INDUS			
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of work life, Do NOT use re	done during mos stired.)	t of working					
MP	unknown		Asbestos	Worke	r	Pipe F:	itter L	ocal #1		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	Sumame)			
BE	unknown  19a, INFORMANT'S NAME (Type/Print)				unkno					
2	Julie Brown					Route Number, City or To Baltimore				
	20a. METHOO OF DISPOSITION	205	PLACE AND DATE OF C					or Town, State		
	1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State ceme	etery, cremetory or other	place)				ore, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		een Mount		D ADDRESS OF FA		Dartriic	naryland		
	× 6 60.	1+ A				, Jr. Fund				
	23. PART i. Enter the diseases, or con	npiicetione that ceused	the deeth. Do not	3818 1	Roland A	ve. Balt:	lmore.	Maryland 21211		
	shock, or heart fellure. Lis	it only one cause on ee	ch line.	ontor the mor	o or dying, ado	in the Contract of 1645	matory arrea	Interval Batween		
	iMMEDIATE CAUSE (Finel disease or condition	Paguma	210					Onset and Death		
	resulting in death) s	OUE TO (OR AS A	CONSEQUENCE OF):					170741		
N N	Sequentially liet conditions,  If any leading to immediate  D. Cancer of Lay 41 ×  OUE TO (OR AS A CONSEQUENCE OF):									
ATK		15								
FIC	CAUSE (Disease or Injury that initiated events	Chronic DUE TO (OR AS A	CONSEQUENCE OF):	ive 1	MINOTON	A Dise	ase	ISYEOUS		
CERTIFICATION	resulting in death) LAST		1 Sypars							
	PART II. Other significant conditions of	contribution to death by	et mot requition in t	the search of the	Activity to the last	5-21 L				
CAL	TAIN II. Other significant conditions of	Contributing to death bu	it not resulting in t	ne underlying	ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1 YES	2 NO	OF DEATH?		
Σ.	DID TOBACCO USE CONTRIB	SLITE TO CAUSE OF	F DEATH YES	D'NO D	UNCERTAII			1 TYES 2 DONO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		ONCERIAII	1 -	-			
SIC	EXAMINER?  1 YES 2 NO 1	OSPITAL:	itlant 3 DOA 4	THER:  Nursing Home	5 🗆 Residence	6 Other (Specify)				
Ŧ.	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCUP	EO		
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
COMPLETED	2 Accident 3 Suicide 6 Could not be determined determined determined 4 Homicide Determined determined									
94	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	idae, death occurred a	t the time date	and place, and due	to the course(s) and me				
W								ause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			1	Pro- LICENSE AND	1050	I and a marrier	IGNED (Month, Day, Year)		
O BE	RIWS MO				8T243	8946	► Jan	1000		
일	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (Type, Pri	nt)	-0.00 - E	MO-21218	1004	3		
	RANJAN PAUL,	201E, UNI	IN NEWY	1 2041	TIMORE,	MO-21218	•			
	31. DATE FILEO (Month, Day, Year)	32. TEGISTRAR'S SIGNA	charlet							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. executed within been signed by the attending physician a t. of Health and Mental Hygiene prior to shows any . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has by hours after death with the State Dept. 23 9 marked, 99

notified at

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PHYSICIAN:

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THE HOSPITAL ( THE FUNERAL D filed within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

Accident

8 Could not be

3 Sulcide

4 Homicide

Pages 1, 2, 3 should

95 00835 ITEMS: 22. PER F.H. FILM G-719 1/17/95 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF GEATH Jan 13, 1995 James Robert Owen Jr. 0600 A 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-32-2511 MAN 2 TE DAYS HOURS 60 Feb 19, 1934 MD Se. FACILITY NAME (If not institution, give street end number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Anne Arundel Medical Center DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne ARundel Annapolis 1 X YES 2 NO FUNERAL 104 STREET AND MIMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1976 Valley Road 21401 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Merried 2 X Married 1 TYES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced 1954-1955 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5 +) 12 Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) James Robert Owen Sr. Anna Mae Willis 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace E. Owen 1976 Valley Rd., Annapolis, Md 21401 20e. METHOD OF DISPOSITION
12 Burlat 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place) 4 Donetion 5 Other (Specify) Jan Annapolis Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21401 Interval Setween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditiona, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST MEDICAL 24a. WAS AN AUTOPSY PERFORMED?

			0000		2,1-0,1	9		-
ART II. Oth	er aignificant	D. T	ontributing to	death but not			arlying cause	ti

1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO

29d. DATE/SIGNED (Month, Day, Year)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 2 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 VES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturat 5 Pending investigation

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, strest, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
(Check only one)

CERTIFING PHYSICIAN: To the yest of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner se stated.

2 MEDICAL EVAMINED: On the book of a

	noon, in my opinion, death occured at the time, gate and
SIGNATURE AND TITLE OF CERTIFIER	290. LICENSE NUMBER  D23142

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

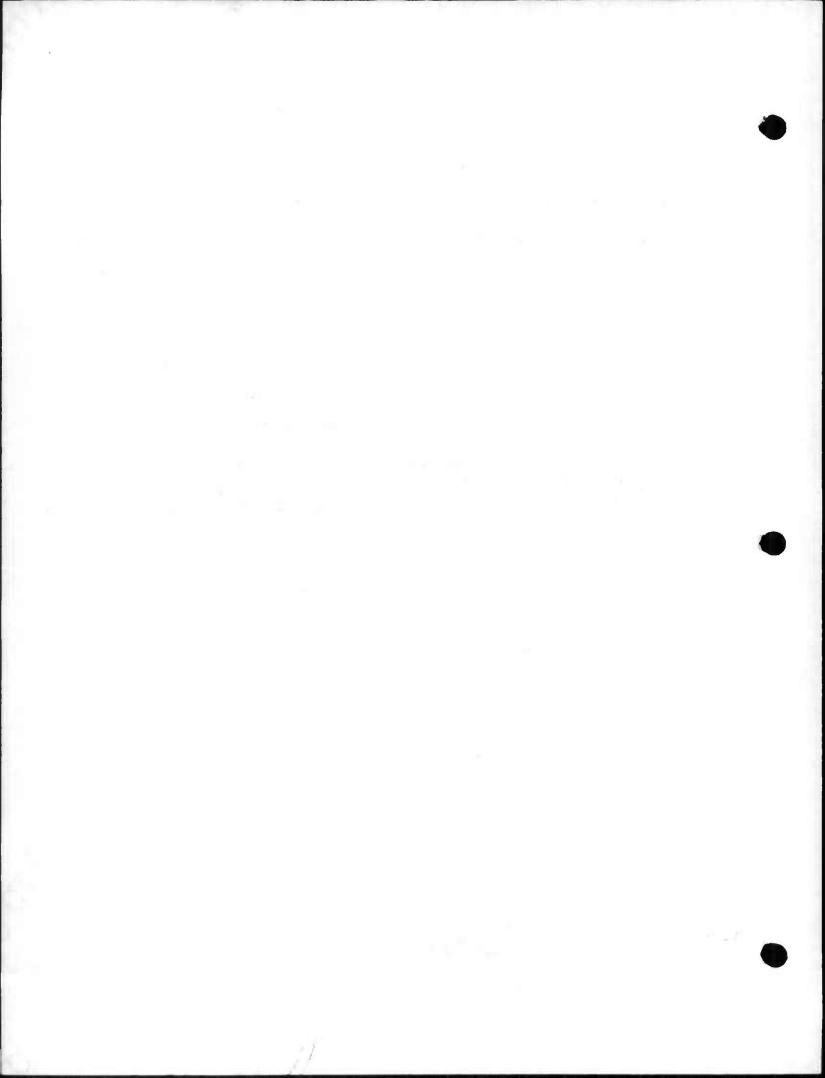
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Midd LOUISE	ROSE	OLDHAN		2. DATE OF DEATH	3. TIME OF DEATH 2:45 pm					
4. SOCIAL SECURITY NUMBER 213-14-0778	L3-14-0778 1 $\square$ M 2 $\boxtimes$ F 75 YRS. MONTHS DAYS HOURS MIN. Feb. 3					HPLACE (State or Foreign try) YLAND				
Saint Joseph   RESIDENCE OF DECEDING	Medical Center	9b. CI	Towson, Man		9c. COUNTY OF DEATH  Baltimore					
10a. STATE 10b.	COUNTY	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES A NO				
10. STREET AND NUMBER  11. MARITAL STATUS	32 Dunvale	Rd.	101. ZIP CODE 2120	4	10g. CITIZEN OF	WHAT COUNTRY?				
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE' IF YES, GIVE WAR OR	S 2 1 NO	. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 PNO Speci	an, Puarto Rican, atc.)	Spec					
(Specify only high Elementary/Secondary (0-12)	T'S EDUCATION est grade completed)  College (1-4 or 5+)	180. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired. Assembly W	during most of working )	Manu	siness/industry facturer y/Pacemal	WHITE Ker				
w	Guido Albi		Rose A							
Roberta	a L. Mallon		ss (Street and Number or Rural Dublin Drive			21093				
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 4 Donation 5 Charge	Mr.	DE PLACE AND DATE OF DISPO PROPERTY OF THE CASE	Cemetery	Th	ikesville					
Ph. SIGNATURE OF FUNERAL SEE	Lemmon Funeral Home  10 W Padonia Rd. Timonium MD 21093									
shock, or heert IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. END STAGE DUE TO (OR AS	CONGESTIVE I A CONSEQUENCE OF): CHRONIC OBS A CONSEQUENCE OF): A CONSEQUENCE OF):	HEART FAILURE		natory arrest,	Approximate interval Between Onset and Death years  years				
PART ii. Other significent or	d onditione contributing to death	but not resulting in the u	inderlying cause given in	I AUTOPSY RMED?	MED? AVAILABLE PRIOR TO					
25. WAS CASE REFERRED TO MEI EXAMINER? t	OTHER:									
Accident Invest	t YES 2 NO 1 X Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. TIME OF INJURY AT WORK?  Matures 5 Pending  28. TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
Nomicide detar	28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28b. LOCATION (Street and Number or Rural Route Number, City or Town, Stere)									
Chac binly 1 X CERTIFYIN	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2  MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
296. SIGNATURE AND TITLE OF C	y P. Win	on M.	29c. LICENSE NU 29c. LICENSE NU 29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)				
BEATRIZ P. DIZ	ON M.D., 7520 X	ORK ROAD TO	WSON, MARYL	AND 21204	/					
JAN 1 7 1995	O STATE OF THE OWNER OWNER OF THE OWNER									

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ficate be executed within 24 nours after death. Page 6 may be retained by the hospital of
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		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM J. OBRIE	IN , JR				2. DATE OF DEATH		3. TIME OF DEATH 5 21:54pm
Pir	:	4. SOCIAL SECURITY NUMBER 216-01-0505	1 🗙 M 2 🗆 F 79	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) APRIL 18,	(	BIRTHPLACE (State or Foreign Country) [ARYLAND
1, 2, 3 should	стов	98. FACILITY NAME (# not institution, give st ST. AGNES HOSPITA) RESIDENCE OF DECEDENT				LTIMORE	EATH	9c. COUNTY	OF DEATH
permit. Pages 1	DIRE	MARYLAND 106. COUNTY	BALTIMORE		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 403 OAK COURT			101	21228			U.S.A.
1215-0020 r attending physician. use as the bunal-transit	B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2-1 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	e or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) H / S GRAD	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use PBX INST	ork done during mo retired.)	DN st of working	C & P T	SINESS/INDUST	TRY
YLAND 2  d by the hospital  d be detached to  d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM J. O'BRIE!	N				ME (First, Middle, Malden CA E. MERLE		
ay be retained to page 5 should be notified	5	190. INFORMANT'S NAME (Types/Print) HELEN M. O'BRIEN		196. MAILING A 403 OA	ADDRESS (Street a	nd Number or Rurat CATON	Route Number, City or Tow ISVILLE, MI	vn, State, Zip Coo 2122	
ALTIMORE eath. Page 6 may funeral director, pi xaminer must t		20a. METHOD OF DISPOSITION 1 Grantal 2 Cremetion 3 Remote the Control of Cont	oval from State cen	PLACE AND DATE OF PRESENT OF A CONTROL OF CO	er place) EMETERY		1/19 ba	eltimor	and the second
BALTIMORE bours after death. Page 6 may d in by the funeral director, pa or removal. medical examiner must b		Nauis P.	mill	$\geq$	HUBBA 4107	WILKENS	ARL HOME, I AVENUE-BAI	LTIMORE	
24 nours filled in the tion, or ren	1	23. PART I. Enter the disease, or c shock, or heart feilure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myocarzt	Tal In	fareti		h aa cerdiec or resp	iratory arreat,	Approximate interval Between Onset and Death
OX 68 be execute clan and c ior to buria	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A  Hyperten  ODE TO (OR AS A	CONSEQUENCE OF):		ure			4 years
DS, P.O. BO he death certificate the attending physi Mental Hygiene pr niury, or other th	CERTIF	that initiated events resulting in death) LAST	. Coronary	artery	Disa				20 YEARS
CORD ires that the signed by the Health and M	IEDICAL	PART II. Other eignificent conditions  Diabetes V	s contributing to death buell Hus	ut not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Par law	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		1 TES 2 NO
CIAN: The ertificate h the State (	IYSIC	EXAMINER?  1 YES 2 PNO  27. MANNER OP DEATH	HOSPITAL: 1   Inputient 2   ER/Outp	etlent 3 DOA 4			6 Other (Specify)		
ATENDING PHYSICIAN: ATENDING PHYSICIAN: Ther death with the St. AB is marked, or it.	ВУ РР	1 Autural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	M 1 V	ES 2 NO	28d. DESCRIBE HOW I		
OIVISION OR ATTENDING I	ETED	3 Suicide S Could not be determined	28s. PLACE OF INJURY building, etc. (Spec				28f. LOCATION (Street of City or Town, State)	) 	ural Route Number,
전 경단 =	COMPLET	2 MEDICAL EXAMINER	CIAN: To the best of my knowl R: On the basis of examination						use(a) and menner sa stated.
TO THE HOSPIT TO THE FLACEN BE find within?	IO BE	THE SUMMATURE AND TITLE OF CERTIFIER	M.D. Physic		Rosidat	29c. LICENSE NUI	ABER 70	29d. DATE SIG	ONED (Month, Day, Year) -15-95
	1	BONJAMIM S. Lee, H.	D. St. Agnes	Hospital,	906 Ca	on the	Battimore	MD	21229
		JAN 1 7 1995	32 REGISTRAR'S SIGNA						



X 68760, BALTIMORE, MARYLAND 21215-0020 e executed within-25 hours after death. Page 6 may be retained by the hospital or attending physic an and completely filled in by the fureral director, name 5 should be detached for use as the harital.	020	physic	hirrial
X 68760 BALTIMORE, MARYLAND 2121 e executed within 25 hours after death. Page 6 may be retained by the hospital or after in and completely filed in by the turneal director name 5 should be described by the	2-0	uding	ac the
X 68760 BALTIMORE, MARYLAND 2 e executed within-25 hours after death. Page 6 may be retained by the hospital or	121	or atte	110.0
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X 68760, BALTIMORE, MARYL e executed within-25 hours after death. Page 6 may be retained by to an ad completely filled in by the funeral director page 5 should be.	AN	he hos	detach
X 68760 BALTIMORE, MAR. e executed within 25 hours after death. Page 6 may be retained in and completely filled in by the funeral director page 5 should	7	7	2
X 68760 BALTIMORE, I executed within 25 hours after death. Page 8 may be in and completely filled in by the funeral director, name.	MAR	retained	School of
X 68760 BALTIMORE e executed within 3.5 hours after death. Page 6 may and completely filled in by the funeral director, page		8	90
X 68760 BALTIMO  B executed within 25 hours after death. Page 6 In and completely filled in by the funeral direct	2	may	N. Da
X 68760 BALTIN  E executed within 25 hours after death. Pag in and completely filled in by the funeral di	ō	9 9	rech
X 68760 BALT  e executed within 25 hours after death.  In and comoletely filled in by the funeral	2	E	il di
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X 68760  e executed within 2-1 hours a mand completely filled in the	œ	fter	/ the
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		REGISTRAR		CERTI	FICATE (	OF DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE O	OF DEATH	1	3. TIME OF OEATH
	0	Charles R	O'Neil				Jan.	14, 199	YEAR 5	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE O			LACE (State or Foreign
70	8	527-44-5559	15€ M 2 🗆 F	60 YRS.		AYS HOURS MIN.	(Month,	4,1934	Country)	ennessee
3 should		9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, 10	WN OR LOCATION OF D	EATH	9c. 0	COUNTY OF OEA	
1. 2. 3	DIRECTOR	9757 Bird River Road Middle River Baltimore								
les 1		10a. STATE 10b. COUNT	Y	10c. C	TY, TOWN OR L	OCATION			Tr	IOd. INSIDE CITY
020 physician. burial-transit permit. Pages			Baltimore			Middle	River	c		LIMITS?
8	FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g.	CITIZEN OF WH	AT COUNTRY?
an.	i i	9757 Bird Riv				2:	1220		USA	
20 ysłcii miał-t	5	11. MARITAL STATUS	12. WAS OECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		DECENDENT OF HISPA a, specify Cuban, Maxic			- 14. RACE -	- American Indian, White, atc.
9 2 2	B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO Specif		our, atoy	Specify:	
r attend use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'	work done during	PATION og most of working	16b. I	KIND OF BUSINESS		111100
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AND the hospit detached	N N	12th		Cran	e Opera			Best S		
YLA by the be def		17. FATHER'S NAME (First, Middle, Lest)						ddle, Maiden Surnam	,	
S S S S S S S S S S S S S S S S S S S	BE	Granvill  19s. INFORMANT'S NAME (Type/Print)	O'Neil					Phillips		
MARYLAND retained by the hospit 5 should be detached notified at once.	2	MARKET SERVICE SERVICES				reet and Number or Rural				
60 es	ľ	Nancy O'Neil				River Road				
ALTIMORE, death. Page 6 may be funeral director. page		1 Buriat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State cen	b. PLACE AND DATE metery, crematory or	other place)	,	DATE	20c. LOCATION	- City or Town	ı, Stata
Page direct		21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	lolly Hi	11 Ceme	tery 1/17	/95	Balti	imore M	D
ALTIN death. Pag funeral dis		DT	.()	1/				TTO C	D	
		23. PART I. Enter tha diseases, or	Connel	ly	20	onnelly Fur	neral	HOME OI	ESSEX	121
760 ed withing hound ompletely filled is al, cremation, or event, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)		CORCUMA CONSEQUENCE		90	lem		2	Interval Between Onset and Death
P.O. BOX 68 h certificate be execut ending physician and c Hygiene prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE (	OF):					
BOX ficate be ex physician a ne prior to	S	cause. Enter UNDERLYING	e-							tony
DS, P.O. B( the death certificate the attending physical d Mental Hygiene pri	E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE	OF):					
beath certific attending p mal Hygiene y, or othe	ER	reaulting in death) LAST	d							
DS, Phe death the atter Mental Mental		PART II. Other aignificant condition	a contributing to death t	out not resulting	in the under	lying cause given in	Part I	24a. WAS AN AUTOP	ev Toss w	PERE AUTOPSY FINDINGS
OC = 55 >	EDICAL				W tro array:	, my could given in	74111	PERFORMED?	Al	MAILABLE PRIOR TO
S teg is O							—   '	1 YES 2 NO	0	F DEATH?
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AL F le law has be Dept.	A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE						
VITA AN: The ficate ha State D	S	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp		OTHER:	1/	• C • ·			
The state of the s	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til		INJURY AT	6 Other (	RIBE HOW INJURY	OCCURED	
O THE ST	1.0	Natural 5 Pending Investigation	(Month, Day, Year)	115	JURY 1	WORK?				
SASIL	D-87	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory,	office	281. LOCAT	ION (Street and Num	nber or Rural Rou	ite Number,
22	ireo	4 Homicide determined	bunding, atc. (open	oily)			City or	Town, State)		
D D Hotel	2	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occur	red at the time,	data and place, and due	to the cause	e(e) and manner as	stated.	
SPITA NERTA NE ZI	COMPLET		R: On the basis of examination							nd manner as stated.
E F E		296. SIGNATURE AND TITLE OF PERTIPER			100	29c. LICENSE NUI	MBER	29d. [	DATE SIGNED (M	fonth, Day, Year)
TO THE HISPITAL. TO THE FLIMERAL. Do find within 72 in	3 BE	- 8 fryt	flushing		100)	036	951	•	1/1	7/95
10	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		MO	2.12	2 4	
10	-			- F	arny	107		-12	-1	
		JAN 1 1995	A division land	all.						

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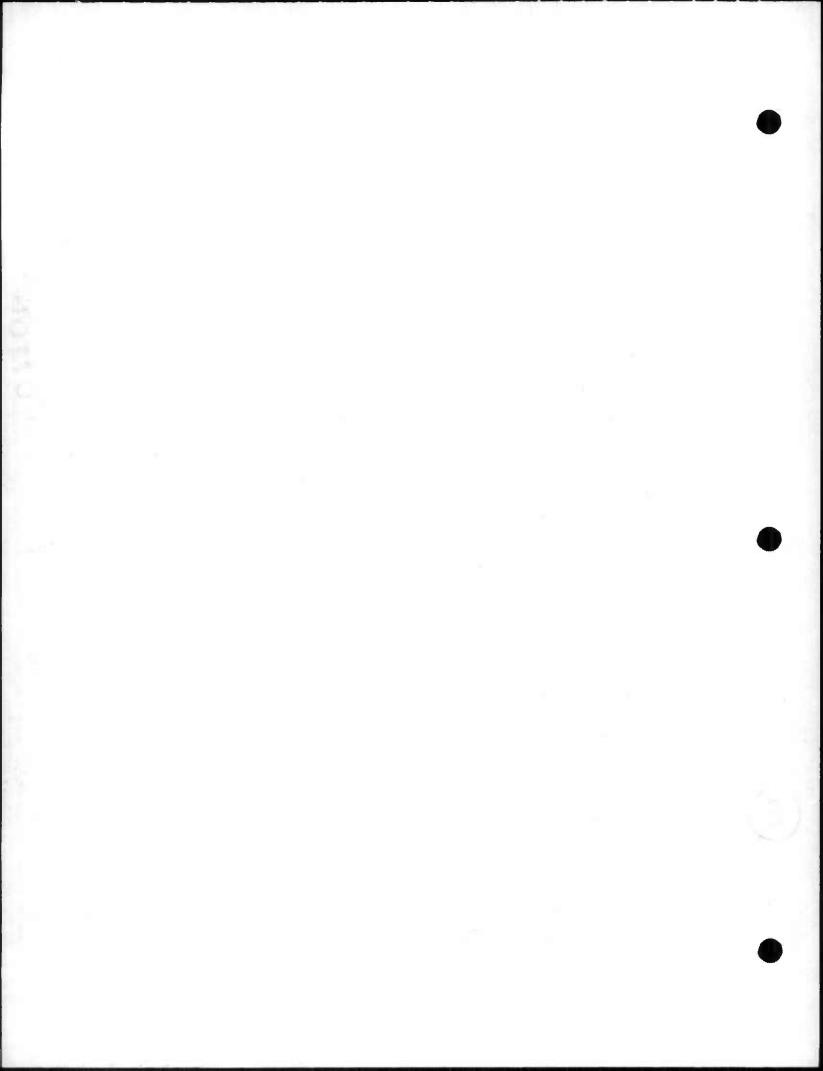
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TO THE HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DESCRIP After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DATE OF VITAL RECORDS, P.O. BOX 68760

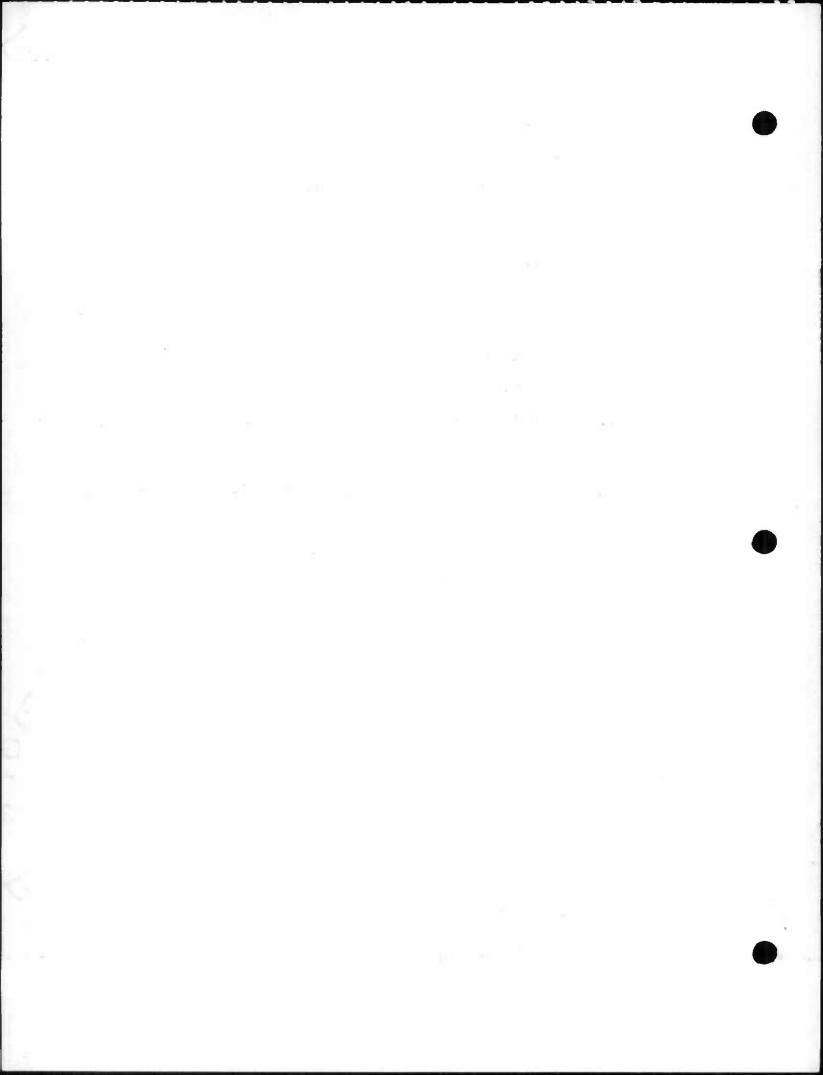
	REGISTRAR			CE	:RIII	ICATE	OF	DEAT	Н		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME OF DEATH													
	Cecelia Susan Overton January 13, 1995								9:57 M					
	4. SOCIAL SECURITY NUMBER	5. 5		E (In yra. lesi	t birthday)	IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7 DATE OF	BIDTH			ACE (State or Foreign
	219-28-756	2 10	M 2 1€ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.	23,1	933	Ma'r	yland
	Sa. FACILITY NAME (If not institution		9b. CITY, TOWN OR LOCATION O			N OF DE				ITY OF OEA				
E I	Franklin Square Hospital							Ross	vi1	1 e			Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT							MOLG						
H								Od. INSIDE CITY						
	Md. Baltimore					Essex			1			LIMITS?		
AL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITI	ZEN OF WH	AT COUNTRY?				
ER	804 Plati:				21	221				USA	1			
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	1 Never Married 2 Merrie		FORCES? 1 YE		NO If yes, specify Cuban, Me			Cuban, Mexican, Puerto Rican, etc.)			Black, Specify:	RACE — American Indien, Black, White, atc.		
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	15. DECEDEN (Specify only highe	T'S EDUCATIO		16a, DE0	CEDENT'S	USUAL OCC	UPATIO	ON MC		16b. KI	ND OF BU	SINESS/IND		
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MP	12+h				Воо	kkee	pei	r			Baı	nk		
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)						18. MOTNE	ER'S NA	ME (First, Mide	die, Malden	Surneme)		
BE (	Albert L.	Kuhn							Je	an J.	Ta	ylor		
	190. INFORMANT'S NAME (Type/Pri	int)		19b	MAILING	ADDRESS (	Street e	nd Number o	r Rural F	Route Number,	City or Tow	n, Stete, Zip	Code)	
2	Michael Bo	ook								. Bal				21221
- 1	20e. METNOD OF DISPOSITION	_	2	0b. PLACE A	ND DATE	OF DISPOSIT	ION /Na	me of		DATE	20c. LO	CATION —	City or Town	. State
- 1	M☐ Burlel 2 ☐ Cremation 3 4 ☐ Donation 8 ☐ Other (Speci			emetery, crer	metory or o	ther place)	ome	tars	, 1	/16/9				
	21. SIGNATURE OF FUNERAL SER	VICE LICENSE	E		111			D ADDRESS			ום כן	AICI.	MOLE	HD.
3	▶ R T			/)//		l c	onr	nelly	F	unera	1 H	Ome	of E	ssex
	1.11	141	Fre	lly		3	00	Mace	Δ.	VO F	2 1 +	imor	o Md	. 21221
	23. PART I. Enter the diseases, or complications that caused the detti. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate													
	IMMEDIATE CAUSE (Final								Interval Between Onset and Death					
	disease or condition resulting in death)  a. COTONARY AFTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  MYO CARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):									MEEKS				
ı	DUE TO (OR AS A CONSEQUENCE OF):									WEELS				
Z	MYOCARDIAL INFARCTION													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
2	cause. Enter UNDERLYING CAUSE (Disease or injury	< a_												
E	that initiated events	1	DUE TO (OR AS	A CONSEO	UENCE OF	F):								
ER	resulting in death) LAST	d												
	PART II. Other algorificant co	nditions cor	atributing to death	hut not u	in alles a	la Alexandra	e advet a s	. 11100 . 71			THESE			
EDICAL	PERFORMED? AMAILABLE								ERE AUTOPSY FINDINGS WAILABLE PRIOR TO					
ā			1							_ 1	YES 2	NO		OMPLETION DF CAUSE F DEATH?
Σ	HYPER						_			_ /-			1	YES 2 NO
PHYSICIAN:	DID TOBACCO USE C		TE TO CAUSE	OF DEAT	TH YE	S   N	0 🗆	UNCE	RTAIN	10				
5	25. WAS CASE REFERRED TO MED EXAMINER?		SPITAL:	26. PLACE	E OF DEAT	N (Check on	ly one)							
S	1 TYES 2 NO		Inpatient 2 ER/Ou	tpatient 3	DOA	OTHER:	g Home	e 5 🗆 Resi	dence	6 Other (S	pecify)			
E	27. MANNER OF DEATH		28s. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF 2	Bc. INJI	URY AT		28d. OESCR	BE NOW I	NOW INJURY OCCURED		
BY	Natural 5 Pendir 2 Accident Investi		(			M		ES 2	NO					
	3 Suicide 6 Could	not be	28s. PLACE OF INJUI	Y — At hon	ne, ferm, s	street, fector	y, office		$\neg$	28f. LOCATIO	ON (Street e	nd Number	or Rural Rou	te Number,
田	4 Nomicide determ	nined	bunding, etc. (op	ochy)					- 1	City or i	own, Stete)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING	G PNYSICIAN:	To the best of my kno	wladna dan	th occurre	ed at the tim	o dete	and place	-1.0			and the same of		
Z			the basis of examinat											
8					yen	, my opi					a preca, an	ane 10 IM	- canae(s) e	ru menner es stated.
H	29b. SIGNATURE AND TITLE OF CI	ENTIFIER						29c. LICEN				29d. DATE	SIGNED (M	forith, Day, Year)
2	145876 1/3/4								145					
	30. NAME AND ANDTHESS OF PERS		APLETED CAUSE OF D					,	2					
	Sute 309, 9105 Franklin SQ DRIVE, BALTIMORE MO 21237													
	31. DATE FILED (Month, Day, Year)	d.1.	32. REGISTRABIS SIG	NATURE										
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		FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) DOROTHY ODENHEIMER (DOROTHY E.ODENHEIMER)  2. DATE OF OEATH MONTH DAY 1 1995 3. TIME OF DEATH 20:30
9		4. SOCIAL SECURITY NUMBER 212-01-8062  5. SEX 6. AGE (In yrs. lest birthday) 1
2, 3 should	ron	9a. FACILITY NAME (If not institution, give street and number)  UNION MEMORIAL HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY
. Pages 1,	DIRECTO	RESIDENCE OF DECEDENT  10e. STATE
020 physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER  310 EASTWAY COURT  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  21212  U.S.A.
-0020 ling physicial the bunal-tra	BY FUN	11. MARITAL STATUS  1
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use revierd)  LIOTISETITEE  OTATI LIOME
YLAND by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) LOUIS H. EVANS  CORA WIGLEY
	TO BE	19a. INFORMANT'S NAME (TyperPrint)  BURR P.ODENHEIMER (SON)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  310 EASTWAY CT., BALTIMORE, MARYLAND, 21212
ALTIMORE, death. Page 6 may b funeral director, page		20s. METHOD OF DISPOSITION X METHOD OF DISPOSITION (Name of cemetery, crematory or other place)  4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20s. LOCATION — City or Town, State Cemetery, crematory or other place)  GREEN MOUNT CREM. & CEM. 1—17, BALTO., MD. 21202
		HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTIMORE, MD. 21212
nation, or relation or relation.		23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (QR AS A CONSEQUENCE OF):
BOX 68 ficate be execuply sician and the prior to bur to bur teraumatiful.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
The saft of	AL CEF	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMED?  AMILIABLE PRIOR TO
RECORDS, inquiring that the de-	MEDIC	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 U YES 2 NO
# 11A2	CLAIN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) + (OSPITAL: OTHER:
NO OF VITAL NG PHYSICIES The this pender with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Seath with in Sea	Y PHYS	1 VES 2 NO 1 Department 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)  27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 Netural 5 Pending Investigation Investigation
ISIC TTENDI TOR: A after da	TED B	2 Accident investigation 3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
4 42 =	COMPLE	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated.  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  AND D30923 DANVARY 11, 1995
20		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  201 E. Unwestly Parkway  Bullingo, Md-21218  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE
		JAN 2 7 1995 Juli Stavil P. 1



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	1 - STATE STATE OF MAIN	YLAND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MENT DEATH	AL HYGIENE REG. NO.		
		GE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, DAT	1 6 9	S. BIRTHPLACE (State or Foreign Country)	
ECTOR	9a. FACILITY NAME (If not institution, give street and number)  BON Secours Hospin	10	or location of ceath  Md. 21	8/18/53 9c. COUN	Balta. TY OF DEATH	
E E	MARYLAND N/A		NORE CITY  M. ZIP CODE	10a, CITIZ	10d. INSIDE CITY LIMITS? 1 X YES 2 NO SEN OF WHAT COUNTRY?	
BY FUNERAL	2432 EDMONDSON AVENUE  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  2432 EDMONDSON AVENUE  12. WAS DECEDENT EVE FORCES? 1 V  IF YES, GIVE WAR O	rES 2X NO If yes, s	21223 CENDENT OF HISPANIC ORIGINAL CONTROL CUBAN, Mexican, Puert S 22 NO Specify:	SIN? (Specify Yes or No	11. RACE — American Indian, Block, Whita, atc. Specify:	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th GRADE  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m life. Do NOT use retired.)  PARKING ATT	ENDANT	BL. KIND OF BUSINESS/INDU	BLACK	
BE	17. FATHER'S NAME (First, Middle, Lest)  KENNETH POWELL.  19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street	DOROTHY	t, Middle, Maiden Sumame)  RRAYRO		
70	REBECCA YVONNE POWELL  200 METHOD OF DISPOSITION	1951 EDMONDSC	ON AVENUE, BA		. 21223	
	1 & Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	JOSE	PH H. BROWN	JR. FUNERAL	HOME, P.A. O. MD. 21223	
ERTIFICATION	CAUSE (Disease or injury	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	L		Approximate interval Betwo	
V: MEDICAL C	d.					
MEDICAL	PART II. Other significent conditions contributing to death	th but not resulting in the underlying	ng cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO	AVAILABLE PRIOR TO	
SICIAN: MEDICAL	PART II. Other significent conditions contributing to deat  ACL ACL ACL ACL ACL ACL ACL ACL ACL ACL	26. F OTHER:	PLACE OF DEATH (Check only	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	26. F Outpatient 3 DOA 4 Nursing Holler IRY 28b. TIME OF 28c. IN NURY W	PLACE OF DEATH (Check only me 5 Residence 6 O) URY AT ORK? 28d. E	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO	
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation  1 Accident	26. F Outpatient 3 DOA 4 Nursing Ho DRY 28b. TIME OF NJURY 1  JURY — At homa, farm, street, factory, offi	PLACE OF DEATH (Check only me 5 Residence 6 Oil JURY AT ORK? YES 2 NO	PERFORMED?  1 VES 2 NO  one)  her (Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 AVES 2 NO	
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba	28. F Outpatient 3 DOA 4 Nursing Ho IRY 29b. TIME OF INJURY M 1  URY At homa, farm, street, factory, offi	PLACE OF DEATH (Check only me 5 Residence 6 O O O O O O O O O O O O O O O O O O	PERFORMED?  1 VES 2 NO  One)  her (Specify)  DESCRIBE HOW INJURY OCC  DESCRIPTION OF THE HOW INJURY OCC  DESCRIPTION OF THE HOW INJURY O	COMPLETION OF CAUS OF DEATH?  1 PYES 2 NO  URED  Or Rural Route Number,	
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 EAA  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my key Conditions and the conditions are conditions.	28. F Outpatient 3 DOA 4 Nursing Ho IRY 29b. TIME OF INJURY M 1  URY At homa, farm, street, factory, offi	PLACE OF DEATH (Check only me 5 Residence 6 O O O O O O O O O O O O O O O O O O	PERFORMED?  1 VES 2 NO  One)  her (Specify)  DESCRIBE HOW INJURY OCC  DESCRIPTION OF THE HOW INJURY OCC  D	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO  URED  Or Rural Route Number,	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CERTIFICATE	OF DEAT	TH		REG NO

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	0.	
	1. DECEDENT'S NAME (First, Middle, La	(10) Pas < n+4				2. DATE OF DEATH	DAY ONE	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	11	HRTHPLACE (State or Foreign
	212-311-3194	1 M 2 LE		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	00	ountry)
	Sa. FACILITY NAME (If not institution, gi		10/	h CITY TOWN	OR LOCATION OF DI	10-90	9c COUNTY	OUTH CAROLI
œ .	ano 2 and	25 11052	in land	2.0110	OH LOCATION OF DI	le aluca M	SC. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	ms 100 36.	THIC	111111	THURST .	11 14/1/KIC	11/2	yd ano
JE C	10e. STATE 10b. COU	INTY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND			BALTIM	ORE CITY			1 TY YES 2 N
AL	10e. STREET AND NUMBER			7	1. ZIP CODE	7.7.1	10g. CITIZEN	OF WHAT COUNTRY?
E	106 CARROLLTON	N AVENUE			21223		USA	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN? (Specify Y		RACE — American Indian Black, White, etc.
ВУ	1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specif	in, Puerto Rican, atc.) y:		Specify:
							B	LACK
ETED	15. DECEDENT'S 8 (Specify only highest gi		(Give kind of wor	rk done during me	ON ost of working	16b. KIND OF B	USINESS/INDUST	RY
F	Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use i			9-7-5		
COMPL	8th GRADE		DOMEST	IC				
	17. FATHER'S NAME (First, Middle, Last)	DENTANTA				ME (First, Middle, Maide		
BE	JERRY	BENJAMIN			CINNY			NJAMIN
5	19e. INFORMANT'S NAME (Type/Print)	#1 #1 #1 #1 # A + = 1				Route Number, City or To		
	JULIUS	TINGMAN				T, BALTIM		
	20e METHOD OF DISPOSITION 1 Description 2 Cremetion 3 R		ob. PLACE AND DATE OF Semetery, cremetory or othe MT. ZION CI				OCATION City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNETIAL SERVICE		MI. ZION CI				ALTIMORI	E, MARYLANI
	716	10	1		ND ADDRESS OF FA	WN JR. FU	NERAL HO	OME.P.A.
	Many	-0.10U						ORE, MD.212
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	B. Aflur SC DUE TO (OR AS	S A CONSEQUENCE OF):  A CONSEQUENCE OF):	Rear	t des	easi		
S	CAUSE (Disease or injury	DERLYING CONSULT GROWN Frederic						
E	thet initisted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
ER	resulting in destit) EXST	d. Chron	uc les	Jack	re			
	PART il. Other significant condi	tions contributing to death	but not resulting in	tha underlyin	g cause given in	Part i. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FIN
EDICAL		refersant				PERF	ORMED?	AMILABLE PRIOR T
	Chronic	organic		synd		1 TYES	2 M-NO	OF DEATH?
∑	CALLORICO	Jarrec	SICLEI	7,000				1 WES 2 N
A	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:		OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b. TIME (	OF 28c. IN.	JURY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	D
	1 Netural 5 Pending	(Month, Day, Yeer		KA MG	YES 2 NO		TOTAL GOODING	
BY	2 Accident Investigation	28e. PLACE OF INJU	RY — At home, farm, stre			28t. LOCATION (Street	t end Number or A	ural Route Number.
TED	4 Homicide 8 Could not determined	building, etc. (S)	pecify)			City or Town, Stat		
COMPLET	290. CERTIFIER 1 CERTIFYING PA	IYSICIAN: To the best of my kn	owledge death	at the No.				
MP	onel	RINER: On the best of my known and the best of examinar						use(a) and manner as
8			and investigation,	my opinion, (				
BE	296. SIGNATURE AND TITUE OF CERT	PIEH			29c. LICENSE NUI	MBER	29d. DATE SK	NED (Month, Day, Year)
2	( mys) cerce				0183	()	1/1	145
-	30. NAME AND ADDRESS OF PERSON					7 12 11		9,3=0
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

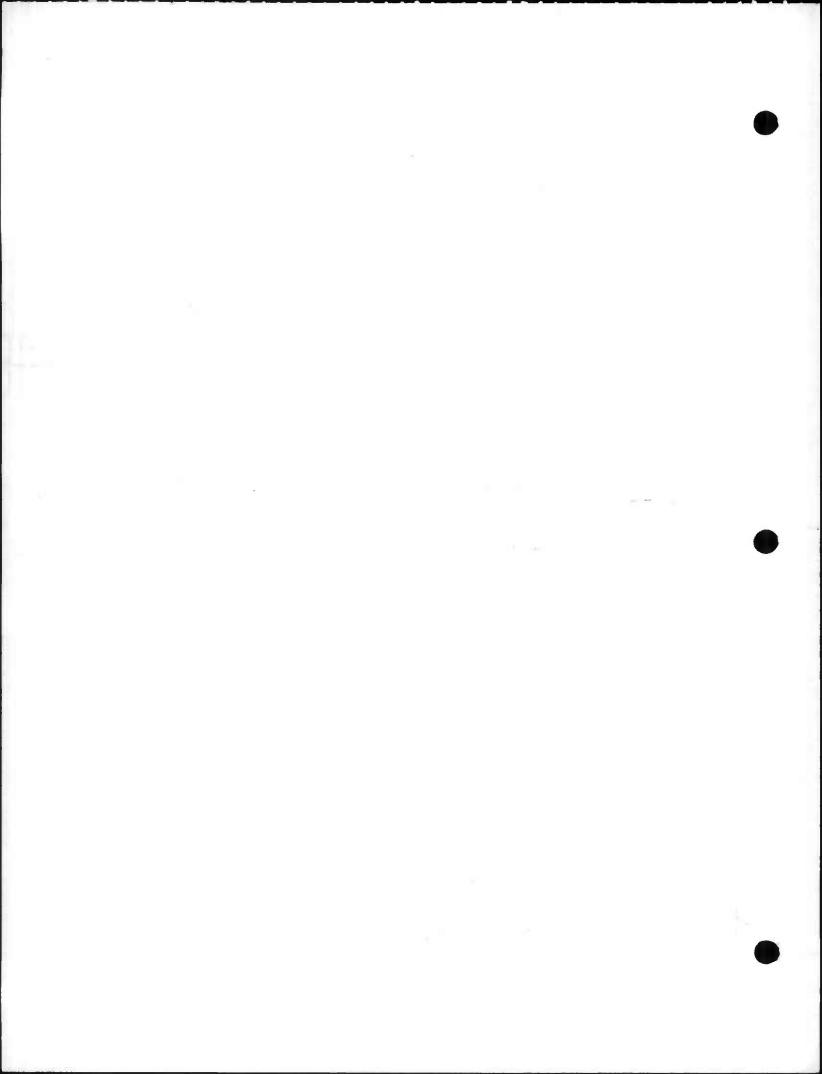
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Item# 8.G-film 719 per F.H 1/20/95 P.C STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.				
0.0000	1. DECEDENT'S NAME (First, Middle, Lest)  EDWARD W P	ALYO				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	. 0/	SAR 3. TIME OF DEATH		
0	075-10-9069	1 M 2 🗆 F	n yrs. last birthday)  YRS.	7. DATE OF BIRTH (Monthly Day, Yeller) 04 29 117	6. BIRTHPLACE (State or Foreign					
TOR	96. FACILITY NAME (If not institution, give stre Anne Arundel Med RESIDENCE OF DECEDENT			Annap	olis	EATH	9c. COUNTY Anne	e Arundel		
DIRECTOR	10e. STATE 10b. COUNTY	Arundel		own or Local		-		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	1887 Lindamoor I	)rive		2	7 4 0 1		109. CITIZEN USA	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS t Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO ATES	It yes, sp	ENDENT OF HISPAR Holfy Cuben, Mexica 2 NO Specifi	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, stc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of work life. Do NOT use in Superint	k done during mo etired.)	st of working		166. KIND OF BUSINESS/INDUSTRY  COMM. Construct			
BE CON	17. FATHER'S NAME (First, Middle, Last) Michael A. Palyo	)			16. MOTHER'S NA Mary (	ME (First, Middle, Maiden Jngarsky	Sumame)			
0 1	190. INFORMANT'S NAME (Type/Print) Margaret Palyo		19b. MAILING AC 1887 I	indam	oor Dr	noute Number, City or Town	n, State, Zip Coo polis	s, MD 21401		
	20e. METHOD OF DISPOSITION  1 St Burlst 2 Cremetion 3 Remov  4 Donation 5 Other (Spegity)	al from Stats com	PLACE ANO DATE OF I	olin Ce	metery	1/17 Br	cation — city centwo	or Town, State		
	Dark H	And (		Harde 12 Ri	dgely A	neral Hom Ave. Anna	polis	,MD 21401		
	23. PART I. Enter the disease, or co ahock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on ea	the deeth. Do not ach line.  O( )=(A) L( CONSEQUENCE OF):		de of dying, auc	h ea cerdiec or reapi	ratory arreat,	Approximata interval Between Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
AL	PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									
CIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATH	Check only one)	UNCERTAIN	N 🗆 📗				
PHYSICIAN: MEDIC	1 TYES 2 NO 1	2 ER/Outp.  28s. DATE OF INJURY (Month, Day, Year)	atient 3 DOA 4	F 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	YJURY OCCURE	ED		
ETED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	— At home, term, streetfy)		ES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	299. CERTIFIER (Check only one)  1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:							use(s) and manner as stated.		
TO BE C	29b. SIGNATURE AND THE OF CERTIFIER	luya			29c, LICENSE NUN	10ER PP	29d. DATE SIG	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO  NILLIAND LOUR	N 600	0	av. L	mapul	, Md 2	140 \$			
	JAN 1 7 1995	32. REGISTRAR'S SIGN	Ordall							



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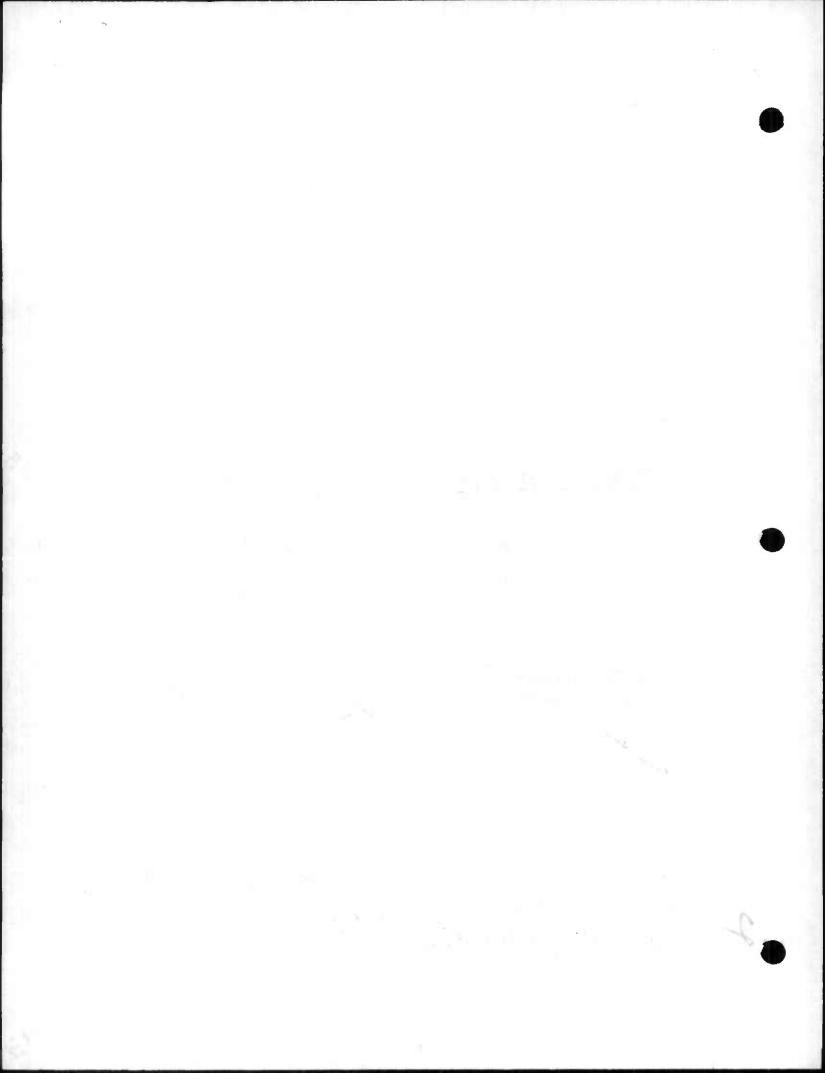
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Eva Mary Peterson Jan 15 1995 7:30 a M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 213-12-4734 73 Jan 28, 1921 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1, 2, 3 Old Court Nursing Home Randallstown Baltimore RESIDENCE OF DECEDENT Pages 1 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Randallstown 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5412 Old Court Road 21133 funeral director, page 5 should be detached for use as the burial-transit U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 🖾 Widowed 4 🗌 Divorced Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementary/Secondary (0-12) College (1-4 or 5+) 6th Factory Worker William Hutchinson & Son 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maider Sumame) 福 Unknown Clem BE Jeannette Claybaugh notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Mr. Don Parker 3520 Meadowside Road Baltimore, Maryland 21207 2 9 20a. METHOD OF DISPOSITION
1 St Burlal 2 Cremation 3 Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Donation 8 Other (Specify) Cedar Hill Cemetery 1/17 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. Loring Byers Funeral Directors, Inc. filled in by the fi 8728 Liberty Road Randallstown, MD 21133 nours after medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each interval Betwe IMMEDIATE CAUSE (Finel Onset and Death cremation. the disease or condition npletely 1 month event, resulting in death) A CONSEQUENCE OF COM n and con to burial, traumatic mic 065 CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental the PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by to Health and any rentricul AWAILABLE PRIOR TO aul COMPLETION OF CAUSE Shows Jachy Ca "ia 1 □ YES 2 □ NO peen 0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item State certificate HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 6 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED With marked, this 1 Natural 6 Pending 1 YES 2 NO BY death After 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 60 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: after 28 4 Homicide hours item 8 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 20 0

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PA

Gira

Polling Rd. Back Md. 21228



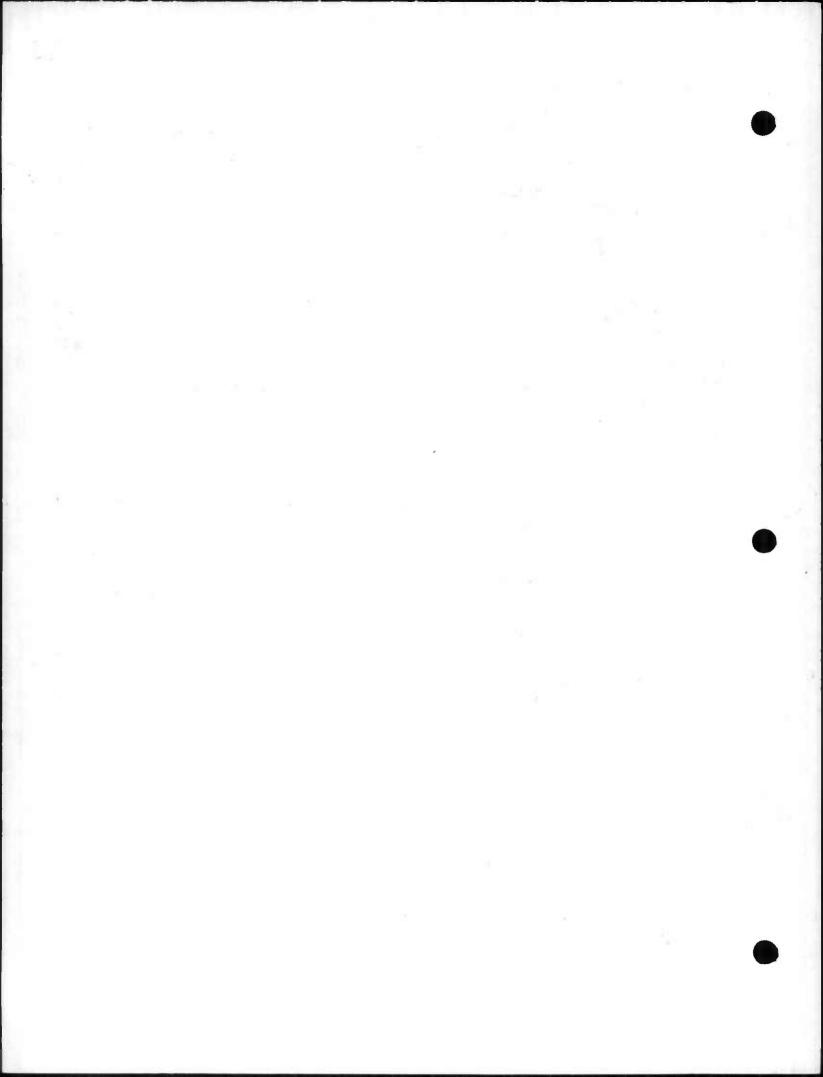
Aours after death. Page 6 may be retained by the hospital or attending physician.
If filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lion, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

fours after death. Page 6 may be retained by the hosp	y filled in by the funeral director, page 5 should be detache	ation, or removal.	the medical examiner must be notified at once.
TO THE HISPITAL OF ATTRICOURTY PRINCIPLY. The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hosp	TO THE FUNCTION AND THE CONTRIBUTION OF SECURITIES STATEMENT OF STATEMENT OF COMPLETELY filled in by the funeral director, page 5 should be detached	In the State Dept. of Health and Mental Hygiene prior to burial, cren	IMPORTANT I I mm 28 princing, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
TO THE HOSPITAL OF ATTENDING	TO THE FLINERAL CONTINUES	be filed within 72 hours after de-	IMPORTANT'N Ham 28 James

1		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1	1. 0	ECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATN

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										3. TIME OF DEATH		
	Grover		PARKS					January 16 1995			3:40 a <sup>M</sup>		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDE	1	7. DATE OF	BIRTH			IPLACE (State or Foreign
	216-58-3619	M 2 ☐ F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	sept.	4,1	932	m rginia	
_	9s. FACILITY NAME (If not institution, give st				9b. CITY		R LOCATI				9c. COU	NTY OF D	
6	Franklin So	quare H	ospital	L		Ro	ssvi	ille			Ва	ltin	nore
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN (	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Md. B	altimor	e					idd1	e Riv	/er			LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	ZEN OF V	WHAT COUNTRY?
ER	202 Midlas	Drive						212	20			US	A
FUNERAL	11. MARITAL STATUS 1 XNever Merried 2 Merried	12. WAS DECEDEN	TEVER IN U.S. ARI					n, Puerto Rice	Specify Yea m, atc.)	or No-	Black	E — American Indian, k, White, atc.	
B	3 Widowed 4 Divorced		WITT ON BRIES			1   163	225 140	Specin	γ.			Spec	White
	15. DECEDENT'S EDUC (Specify only highest grade		(Gh	re kind of t	USUAL O	CCUPATIO	ON st of worki	na	16b. Kil	ND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	se retired.) . sab								
ő	17. FATNER'S NAME (First, Middle, Last)						16. MOT		ME (First, Midd				
BE	Eddie Wilm	ore Par	ks					Ma	ry Ro	osan	a Ca	arte	er
2	190. INFORMANT'S NAME (Type/Print)  Reba Hatchel	1	196	MAILING	Mid	s (Street a	Dr:	or Rural I	Balti	City or Town	o, State, Zip	Code)	1220
	20e. METHOD OF DISPOSITION  10 Burlel 2 Cremetton 3 Remote  4 Donatton 5 Other (Specify)	ovel from State	20b. PLACE A					1/1	8/95		CATION —	-	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4/	J 4 11 1			ID ADDRE						
	· R. Terr	u (on	ne lle	1					neral				Ssex 0. 21221
	23. PART I. Enter the diseasea, or c	omplications the	t caused the de	th. Do-r	ot enter	the mo	de of dy	ing, suc	h as cardiac	or reaple	ratory an	rest,	Approximate
	ahock, or heart failure IMMEDIATE CAUSE (Final	Last only one car	ise or each line.										Interval Between Onset and Desth
	disease or condition resulting in death) . Septicemia 7 days									7 days			
	DUE TO (OR AS A CONSEQUENCE OF):  Peritonitis  7 d.												
Z											7 days		
¥	ous to constitutions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events of the constitution of t												
임	CAUSE (Diseese or Injury that initiated events	E. Kupture	OR AS A CONSEO	gren	ous_ D:	bowe	1						7 days
CERTIFICATION	resulting in death) LAST	Volvul	us of si	gmoi	d co	lon							3 weeks
	PART II. Other significent condition	e contributing to	death but not re	eulting	in the ur	aderlyln	2 COURS	alves la	In Part I, 24s. WAS AN AUTOPSY 24			WERE ALTOGOV FINANCE	
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying Congestive heart failure							PI			PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Seizure disorde		Е						— I ¹	YES 2	XXN0		OF DEATH?
« I	Mental retardat								-				1 YES 2 NO
AN	26. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)												
PHYSICIAN:	EXAMINER?  1 YES 2X NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHEI	R:			6 Other (S	nac(h)			
ξ	27. MANNER OF DEATN	28s. DATE OF (Month, I		28b. TIM		28c. INJ	URY AT		28d. DESCR		JURY OC	CURED	
BYF	1 Natural 5 Pending 2 Accident Investigation	(MOREIL, E	wy, rour)	ING	M		RK? YES 2	□ NO					
	3 Suicide 8 Could not be	26s. PLACE C building.	F INJURY — At hor atc. (Specify)	ne, farm,	street, faci	tory, offic				ON (Street a	nd Number	or Rural I	Route Number,
Ë I	4 Homicide determined									,,			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the beat of	my knowledge, des	ith occum	ed at the t	time, date	and place	, and dua	to the cause(	s) and man	ner as sta	ted.	
COMPLETE	one) 2 MEDICAL EXAMINE	R: On the beele of a	xamination and/or is	rvestigatio	on, in my o	opinion, d	eath occu	red at the	time, data and	d place, en	d dua to th	ne cause(s	a) and manner as stated.
ш	296. SMINATORE AND TITLE OF CENTIFIES		1				29c. LIC	ENSE NUI	MBER /		29d. DAT	E SIGNED	(Month, Day, Year)
10 B	1-Kundotph	(V)	ulom	1			D	44	918		<b>&gt;</b> 1	/161	195
F	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAU	SE OF DEATN (ITEM	27) (Туре	, Print)			7				1	
	Dr.Randolph DeCar	10 M.D.	9000, Fra	ınk1j	in Sc	uar	e Dr	ive,	Balti	more	Mary	land	1 2±237
	31. DATE FILED MON1995 Sear)	al BURLSHIR	NY SIGNATURE										
	UI III												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	AT DE ATTENDING DUVELPAN. The last consists that the death consistent he accorded within
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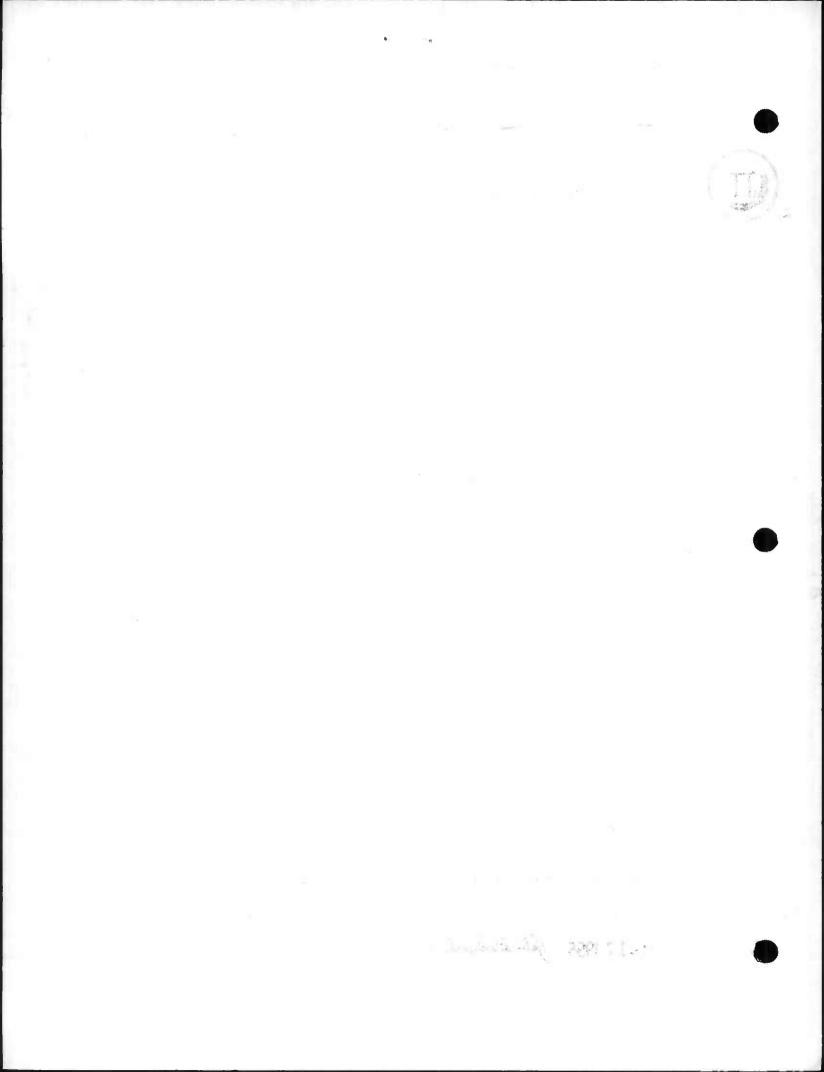
BALTIMORE, MARYLAND 21215-0020 fler death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should onal.	TO RE COMPLETED BY ELINEBAL DIDECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760  BALTIMORE, MARYLAND 21215-0020  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR	TMENT	OF H	EALTH AND	MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)  Martin Joseph Plempel							2. DATE	2. DATE OF DEATH MONTH 14, 199			3. TIME OF DEATH 0 PM	
		M 2 0 F 7	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							8. BIRTNPLACE (State or Foreign County) Penna		
TOR	9e. FACILITY NAME (If not institution, give street at 11300 No. Loreley RESIDENCE OF DECEMENT				ite	Marsh	DEATN			VTY OF D		
DIRECTOR	10e. State Maryland 10b. COUNTY Balt	b. COUNTY TOWN OR LOCATION Marsh							10d, INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 11300 Na Loreley	Beach Rd.			101.	ZIP CODE 2116	52		10g. CITI	ZEN OF V	WHAT COUNTRY?	
B	1 Never Married 2 90 Married	MAS DECEDENT EVER IN L FORCES? 1 7 YES F YES, GIVE WAR OR DATE	2 NO	H :	yes, spec	NDENT OF NISPA city Cuben, Maxic 2 (100) Speci	an, Puerto I	? (Specify Yes	or No-	14. RACE Black Speci	— American Indian, t, White, atc.	
COMPLETED		TION Ompleted)  College (1-4 or 5+)  Tion  Sheet Metal Mechanic						16b. KIND OF BUSINESS/INDUSTRY				
OMF	12 17. FATHER'S NAME (First, Middle, Lest)		Sheet I	retal	mec	18. MOTHER'S N.	AME /Elest A	Home	-	veme	ents	
BE C	and the second s	empel						Koon	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)	7/2	19b. MAILING	ADDRESS (	Street and	d Number or Rural			n, State, Zip	Code)		
F	Mae M. Plempel		1130	00 N.	Lor	eley Be	each E	ld. W	hite	Mars	sh, MD 21162	
	20a METNOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Removal fr	20b. P	LACE AND DATE (	P DISPOSIT	ION (Nam	ne of	DATI	20c. LO				
	4 Donation 6 Other (Specify) _  21. SEGNATURE OF FUHERAL SERVICE LICENSEI	Gar	dens of								e Co., MD	
	( Janu &	Sound	frak			27ffski Eastern					D 21221	
	23. PART i. Enter the diseases, or compi shock, or heart failure. Liet o	icetions that caused to	he death. Do n	ot enter th	ha mod	e of dying, suc	ch aa cerd	lec or respi	ratory arm	est,	Approximata	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Self-m		rifl	د -	wound	of	hea	d +	Tec	Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C					0					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMALAE COMPLI							WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
2 2	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF	DEATH YE	S D N	ОП	UNCERTAI	ΝП				1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL	26.	PLACE OF DEAT	H (Check onl								
YSI	1 YES 2 NO 1	SPITAL: Inpetient 2 - ER/Outpeti	ent 3 🗆 DOA	OTHER:	g Home	5 Rasidence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY /	8c. INJUI WOR	K?	28d. DE\$	CRIBE HOW I	HURY OCC	VINED .	-1	
B	2 Accident Investigation	1 - 14 - 9	5 029		1 _ YE	S 2 NO	3.	ey-	my	ucu	EQ .	
EVED	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — building, etc. (Specify)	1/2		у, опіса		1/30C	ATION (Street a or Town, State)			D	
COMPLE	CERTIFIER Check only 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On (	To the best of my knowled	ge, death occurre	d at the time	e, deta a	nd place, and due	W H	se(a) and man	RELA	18.	MD 21162	
<b>*</b> II	MINATURE AND TITLE OF CERTIFIER			т, ит ту ори	_			and place, and				
BE	J. Crossan OV	novan.	m.D			30 76			≥ I	- 6	(Month, Day, Year) 6 -9 5	
2	30. NAME AND ADDRESS OF PERSON WHO COM	OVAN M.			D	VDALK		- t	\$4.0	7 1	מת	
	31. DATE FILED (Month, Day, Year)	32. REDISTRAID SIGNATI		112	Dul	V DITCK	MAR	=	74C1	0 '	110 21227	
	JAN 1 7 1995 Julia	andre Kartell										

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IYEMS: 1. PER F.H. FILM G-719 1/17/95 t.t

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	(1)	CI	RTIF	ICATE	= OF	DEA	П	2. DATE OF DE	G. NO.		
		LOTA	EDMEC.	TNE (	MICCH				MONTH	DAY	YEAR 3.	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	AODDIA	ERNES'		_				Januari			7:30 a <sup>M</sup>
1			GE (In yrs. les		IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIR (Month, Day, 1 May 31,	TH (bar)	8. BIRTHPL Country)	ACE (State or Foreign
	224-05-7620	1 M 2 XF	76	YRS.						1918	Mary]	land
1-	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH	9c. COU	INTY OF DEAT	гн
ě	GREATER BALTIMO	ORE MEDICAL	CENTE	R	7	OWS	ON			BAL	TIMORE	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	ITY		10c CIT	Y, TOWN (	DB LOCAT	ION			7,5%		d. INSIDE CITY
E		LTIMORE		100. 011		DES	ION				100	LIMITS?
	10e. STREET AND NUMBER	LITTORE			nı							YES X NO
A A		/402 II1- I				101	. ZIP COD	210	0.0		IZEN OF WHA	T COUNTRY?
FUNERAL	11, MARITAL STATUS	4603 Hydes I		****	1						SA	
F	1 Never Married 2 Married	12. WAS DECEDENT EVI	ES 2 📉			If yes, sp	ecify Cuba	n, Mexica	IIC ORIGIN? (Spec n, Puerto Rican, a	olfy Yes or No —	14, RACE — Black, V	American Indian, /hita, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			1 [] YE\$	2 [XNO	Specify	7.		Specify:	
ED	15. DECEDENT'S EI	DUCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	· M		16h KIND	OF BUSINESS/IN	MH]	TE
ET	(Specify only highest gre Elementary/Secondary (0-12)		/G	Ive kind of Do NOT u	work done	during mo	st of working	ng	TOO, KIND	Of BOSINESS/IN	DOSTRI	
PLI	ciementary/secondary (0-12)	College (1-4 or 5+)	Но	mema	ker				0	wn Home		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					-	16 MOTI	HER'S NA	ME (First, Middle, I			
	Ch	arles Fogle						_	erine J			
BE	19a. INFORMANT'S NAME (Type/Print)	41100 10810	191	MAIL ING	ADDRESS	e (Street a				or Town, State, Zi	- Codel	
5	Joyce J. Ga	rrett								ville,		193
	20g, METHOD OF DISPOSITION	11000	20b. PLACE					,				
	1 XBurlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	Highv					denc	JAN 2	Fallsto		Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE A	A h	TCW .							II, FID	
	1 11 11	W. Clary	vig		22.	Lem	mon	Fune	ral Hom	e		
			(							Timoni		21093
	23. PART I. Enter the diseases, o shock, or hear failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (or a	n eech ilne									Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b	AS A CONSEC	DUENCE D	F):							
CAL	PART ii. Other significent conditi								Pert i. 24a. V	AS AN AUTOPSY		ERE AUTOPSY FINDINGS
	GASTAU INTO	STINAL BLE	DINC	_2	to	Eson	PARAGE	AC	1	YES 2 NO	CC	MPLETION OF CAUSE
MED	UMICES						3		_   ' ' '	- E E NO		DEATH?
4	DID TOBACCO USE CON	TRIBUTE TO CAUSE	OF DFA	TH YE	SIT	NO F	LINC	ERTAIN	<u></u>		- [ ''	_ 120 E K NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				TH (Check		. 5.40					
Sic	EXAMINER?	HOSPITAL:			OTHER	₹:	5 🗆 0-	eldence	6 Other (Special	A.)		
	27. MANNER OF DEATH	28e. DATE OF INJU	RY	28b. TIM	E OF	28c. INJ	URY AT	- Control		HOW INJURY OC	CURED	
H			17)	INJ	JURY		RK? 'ES 2	NO				
PHY	1 Natural 5 Pending	(Month, Day, Ye							201 LOCATION (	Street and Number	r or Rural Rout	a Number
ВУ РНУ	2 Accident Investigation	28e. PLACE DF INJ	JRY — At ho	me, term, a	atreat, fact	ory, office			201, LOCATION !			
ED BY PHY	2 Accident Investigation	28e PLACE DE INI	URY — At ho Specify)	me, tarm, a	atreat, fact	ory, office			City or Town	Statu)		Tronces,
ED BY PHY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide détarmined	28e. PLACE DF INJ building, atc. (	Specify)						City or Town,	, State)		- Trombon,
ЕО ВУ РНУ	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only) 1 CERTIFYING PHY	28e. PLACE DF INJ	Specify)	ath occurr	ed at the ti	lme, data	and place,		City or Town, to the cause(a) as	, State) nd manner as sta		
COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only) 1 CERTIFYING PHY	28e. PLACE DF INJ building, atc. ( SICIAN: To the best of my k	Specify)	ath occurr	ed at the ti	lme, data	and place, eath occur 29c. LICE	ed at the	City or Town, to the cause(a) a time, data and pla BER	nd manner as sta	he cause(s) ar	
O BE COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 6 Could not b detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. PLACE DF INJ building, atc. ( SICIAN: To the best of my k NER: On the bests of axamin	nowledge, de	ath occurre	ed at the ti	lme, data	and place, eath occur 29c. LICE	ed at the	City or Town, to the cause(a) a time, data and pla BER	nd manner as sta	he cause(s) ar	id manner as stated.
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O BE COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  39. BIGNATURE AND TITLE OF CERTIFIER ON VERSION VE	28e. PLACE DF INJ building, atc. ( (SICIAN: To the best of my k NER: On the best of axamin  EN A A A  HOPE STEEL CAUSE OF A  1606 FE	nowledge, de ation and/or i  DEATH (ITEM	ath occurre	ed at the ti	ime, data	and place, eath occur 29c. LICE	ENSE NUM	City or Town, to the cause(a) as time, data and pla BER	nd manner as sta	TE SIGNED (M)	nd manner as stated.
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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Migdle, Last) 9 F 2. DATE, OF DEATH 3. TIME OF DEATH POL QUEEN, SR VANCE CLIFTON en 69 13:39 Pm# 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Morth, Day, Year IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign 4-60-3226 NZ M 2 D F DAYS HOURS 18/1 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center N/A DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Baltimore Maryland 1 TYES 2 NO permit. FUNERAL 10a, STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 3708 Cottage Avenue 21215 USA retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO 1 YES 2 TO NO Specify Specify: Black BY 3 Widowed 4 Divorced use as the ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 10th grade Electrical Contractor Home Improvement once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumen 76 Lillie Mae Clay William H. Oueen, Sr. BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Andrea Oueen 3818 Park Heights Avenue Baltimore, Page 6 may be 9 20a. METHOD OF DISPOSITION

120 Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must etery, crematory or other place)
Zion Cemetery 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd Chatman-Harris F/H Baltimore,Md21215 completely filled in by the rial, cremation, or removal, medical 23. PART I. Enter the dises ses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate shock, or heart fellure. List only one cause on sech line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death the disesse or condition neumouphic Cauni Ineumonia LSc resulting in death) event. OR AS A CONSEQUENCE OF DUE TO executed an and com curo traumatic CERTIFICATION Sequentially list conditions, if any, lasding to immediate DUE TO (OR AS & CONSEQUENCE OF): attending physician prior cause. Enter UNDERLYING CAUSE (Disesse or Injury other thet initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 00 the atter PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by the any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 50 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: certificate OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 Ni ng Home 5 🗆 Residence 6 🗆 Other (Specify) 0 the 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, this Natural 6 Pending м 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 40 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be DIRECTOR: after 28 4 Homicide determined COMPLET hours 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11 estigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29h SIGNATURE AND TITLE OF CERTIFIER divino 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 09 0 2 TO PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO A SUL DATE OF DEATH (ITEM 27) (Type, Print)

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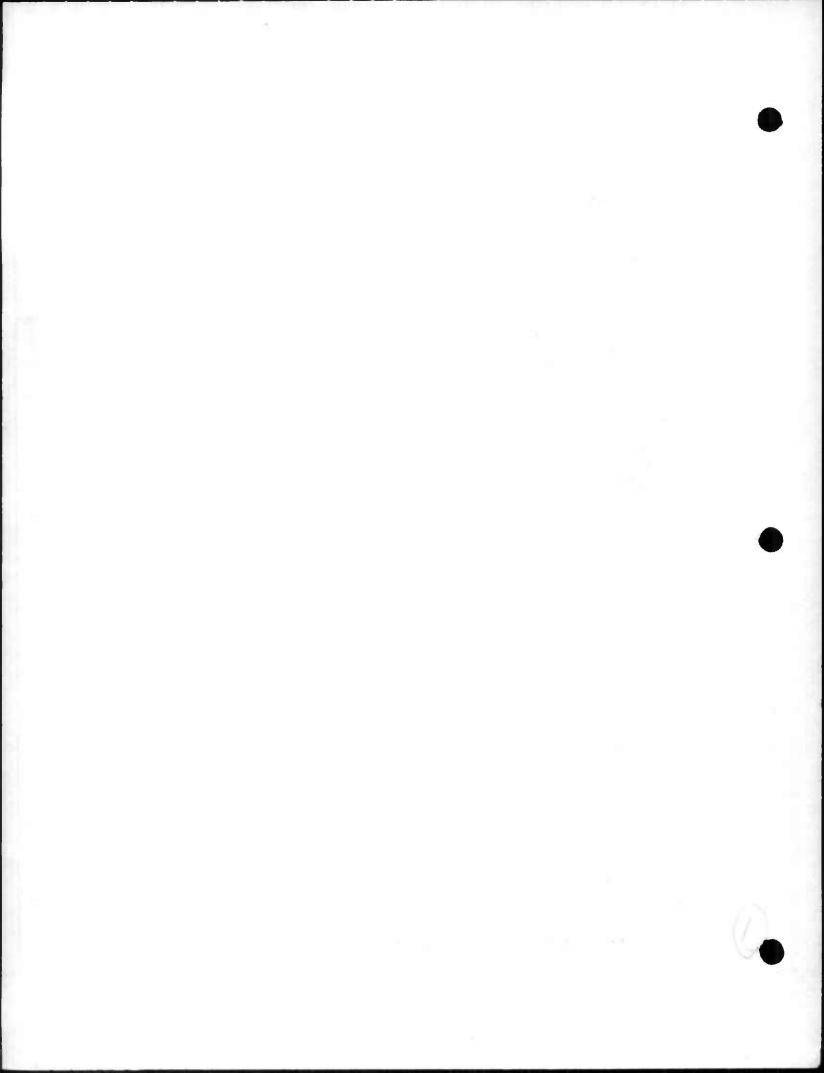
TO A SUL DATE OF DEATH (ITEM 27) (TYPE, PRINT)

TO A SUL DATE OF DEATH (ITEM 27) (TYPE, PRINT)

TO A SUL DATE CENTER TIMOKE MULATIONDA MANOVER M 31. DATE FILED (Month, Day, Year) Talia Davolson Rardall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Fe filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ages 1, 2, 3 should

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1995 James Edgar Rutledge St. 3:10 0 Jan. 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 1918 239 269158 1 M 2 F 76 BRISTOL 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Good Samartan Hospital DIRECTOR Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE COUNTY 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3504 FIELDCREEK WAY 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. It yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES XXX NO Specify: 1 Never Married 2 Merried BY 3 🛚 Widowed 4 🗌 Divorced Specify: KOREAN CONFLICT WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11 MACHINIST GRUMMAN AREOSPACE 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE EDGAR H. RUTLEDGE ALMA NOLAN 19e. INFORMANT'S NAME (Type/Print, 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY BROWN NUTH AVENUE BALTIMORE, MARYLAND 21206 20a, METNOD OF DISPOSITION
1 ABurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State PÄRKWOOD CEMETERY JANUARY 14, 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 1995 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Massam Finaral bomo LASSAHN FUNERAL HOME, INC. 7401 BELATE BOAD BALTIMORE MARYLAND 21236 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter tha mode of dying, auch as cerdiac or respiratory arreat, Approximata shock, or haart fallura. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition 10 days . Right middle Cerebral Arky Occlusion
Due to (OR AS A CONSEQUENCE OF): resulting in death) Hypertasion + oue to (or as a consequence of): MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING Diabetes Mellitus CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA rsing Home 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chart cold)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) B

I homas S. Wilson MD

Thomas S. Wilson MD PhD. Good Samaritan Hospita

2. REGISTRARY SIGNATURE

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JAN 17 1995

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Jan 10

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BALTIMORE, MARYLAND 21215-0 DIVISION OF VITAL RECORDS: P.O. BOX 68760

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1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR CERTIF					MENT	TAL HYGIEN			
1. DECEDENT'S NAME (Firs	B.					REE	D		2. DA	NUARY I	3, 1	995	3. TIME OF DEATH 6:43 P
4. SOCIAL SECURITY NUM 220-32-7558		5. SEX 1 M 2 F	6. AGE (in	yrs. last birthday) 55 YRS.	IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.	7. DA (M	TE OF BIRTH onth, Day, Year) t. 8, 1		6. BIRTI Count	NPLACE (State or Foreign ny) yland
9a. FACILITY NAME (II not I		itreet and number)	TAL		96. CITY, 1								
RESIDENCE OF DE	10b. COUNT	Y	16c. CITY, TOWN OR LOCATION						I N/A				10d. INSIDE CITY
MD 100. STREET AND NUMBER		N/A	N/A Baltimore							LIMITS?  1 YES 2 NO WHAT COUNTRY?			
1808 Madiso		nue					21217					S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 X Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	lf :	/es, sp	ENDENT Cocify Cube	n, Maxica	n, Puer	GIN? (Specify Yes to Ricen, etc.)	or No-	14. RACI Blac Spec	E American Indian, k, White, etc. #y: Black
	CEDENT'S EDU- ly highest grade 0-12)			6a. DECEDENT'S (Give kind of life. Do NOT u	work done du	UPATIO	ON at of working	ng		16b. KIND OF BU	occalii e	DUSTRY	Didox
7th 17. FATHER'S NAME (First, A	Aiddle, Last)	N/A		Custo	lian	_	16. MOT	HER'S NA	ME (Firs	st, Middle, Maiden	n/a Sumame)		
Berkley Re				T 105 MAIL IN	ADDRESS	0				yler		-	
Margaret H	Reed	- The state of the								21217			
20a METHOD OF DISPOSIT  1. Burlel 2 Cremati  4 Donation 5 Other													
21. SIGNATURE OF FUNEIL	ME SERVICE LIC	ENSEE +	1/6	)	Mar	ch		ral	Hon	ne East	ltima		MDA21202
23. PART I. Enter the c shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	neert failure. nei	e. ASPIN	se on eac	h line.	not enter ti	ne mo	de of dy	ing, auci	h ea c	erdiec or reap	iratory si	rrest,	Approximate Intervel Between Onset and Dasti
Sequentially list condi- if any, leeding to imme- cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediete ING ury	c. hypo		DISEQUENCE O		pu	l s cm	<b>L</b>					2 mos
PART II. Other signific	ent condition	a contributing to	death but	not resulting	in the und	eriyin	g ceuse (	given in	Pert I.	24a. WAS AN PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO L 25. WAS CASE REFERRED 1 EXAMINER?		RIBUTE TO CA	_	DEATH YI		-	UNC	ERTAI	V 🔯				1 U YES 2 NO
	Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. T/W	4 - Nursin	Bc. INJ WO	OF S REPORT OF STREET			ther (Specify) DESCRIBE NOW I	NJURY OC	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	atreel, factor	, offic			28f. L	OCATION (Street ifty or Town, State)	and Numbe	er or Rural I	Route Number,
and a		CIAN: To the best of a											) and manner as stated.
296. SIGNATURE AND TITLE	le v	tal, n	112)				J	G17	5		•	1/13	(Month, Day, Year)
Mary Neu	F PERSON WN		Tohus	HODE HODE	Print)	tsi	, -	Tone	J	110 1	Bulti	mar	21205
31. DATE WED (MOTH, Pay)	1995	get te to	E. Sien	PE Call		-					-		

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		1 - FOR STATE REGISTRAR	E OF MARYLAND	DEPARTMI				GIENE G. NO.		
	-	1. DECEDENT'S NAME Bradford  4. SOCIAL SECURITY NUMBER 5. SEX	Richard Rey	nolds S	r.		2. DATE OF DE MONTH	My 15 19	95	TIME OF DEATH
P		219-14-1454 1XM	6. AGE (In yrs. In:	TRS. MON	_ i		7. DATE OF BIF (Month, Day, Sept. 2	0,1913	Mary]	ACE (State or Foreign Land
Pages 1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give street end no Northwest Medical Cent				r location of de L1stown	ATH	1	imore	
Pages 1,	DIREC	100. STATE 100. COUNTY  Maryland Howard		10c. CITY, TO	WN OR LOCAT	Columbia	_		-	d. INSIDE CITY
- Hit	AAL D	10e. STREET AND NUMBER		<u> </u>		ZIP CODE		0.0000	ZEN OF WHA	YES 2 NO
MILI	ONE	1 Never Married 2 Married FOR	OECEDENT EVER IN U.S. AF	RMED NO		21045 ENDENT OF HISPAN HOLTO CHORN Mexican		cify Yee or No—	SA 14. RACE Black, W	Americen Indien, hite, etc.
Am	D BY	3 Wildowed 4 Divorced  15. DECEOENT'S EDUCATION	ES, GIVE WAR OR DATES	ECEDENT'S USUA	1 TYES	2 XNO Specify				Black
ND 212 hospital or ached for us	PLETED	(Specify only highest grade completed	() (1-4 or 5+)	Give kind of work on Do NOT use retired to the control of the cont	lone during mos ed.)		1115	f Course		
YLA by the be der	E COMPL	17. FATHER'S NAME (First, Middle, Last)  Harry Arthur Rey				18. MOTHER'S NA	ME (First, Middle,			
	TO B	190. INFORMANT'S NAME (Type/Print) Bradford R. Reynolds,				nd Number or Rural R				045
dORE, e 6 may be rector, page must be		20e. METHOO OF DISPOSITION 1	State 20b. PLACE cometery, cre MCTro	AND DATE OF DIS	ece)	ne of	16/95	Baltimo	city or Town,	Stata
BALTIMORE, nours after death. Page 6 may be di in by the funeral director, page or removal.		21. SIGNATURE OF SUNERAL SERVICE LICENSES  George E. MacNabb	he THE		cremat	o ADDRESS OF FAC ion Soci cederick	lety of	Marylar	d, In	c.
SOX 68760.  te be executed within z4 hoursician and completely filed is prior to burial, cremation, or traumatic event, the me	ICATION	23. PART I. Enter the diseases, or complice shock, or heert failure. Liet only IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	OUENCE OF):  OUENCE OF):  OUENCE OF):						Approximate interval Betwee Onset and Deat
DS, P te death the atten Mental H ijury, or	L CERTIFIC	thet initiated evente resulting in deeth) LAST  DART II. Other eignificent conditions contril			underiving	ceuse olven in i	Pert I. 24a V	MAS AN AUTOPSY	24b WE	RE AUTOPSY FINDINGS
RECORI equires that t en signed by of Health and hows any I	MEDICAL						_   10	YES 21 NO	COI OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 100
TAL The law tte has t ate Dept em 23	HYSICIAN:	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSP	26. PLAC	CE OF DEATH (C/	neck only one)					
OF PHYSICI This cer with th	0.	27. MANNER OF DEATH  1 Natural 5 Pending	intent 2 ER/Outpatient 3  . OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT RK?		HOW INJURY OCC	CURED	
ISIC TTEND TTOR: A after d after d	тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	PLACE OF INJURY — At he building, etc. (Specify)	ome, term, streat,			28f. LOCATION City or Town	(Street and Number n, State)	or Rural Route	Number,
Z ZZ =	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 1								d manner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	8	296. CIGNATURE AND LITLE OF CERTIFIER	M. Prink	50 N		29c. LICENSE NUM			SIGNED (Mo	
FFA	TO	30 NAME AND ACCRESS OF PERSON WHO COMPLI	ETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Dort	hure	J 1+0	250	ent	6C
			REGISTRAR'S SIGNATURE	Let				9	0.11	
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A.F.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEM: 7. PER F.H. FILM g-719 1/17/95 t.t

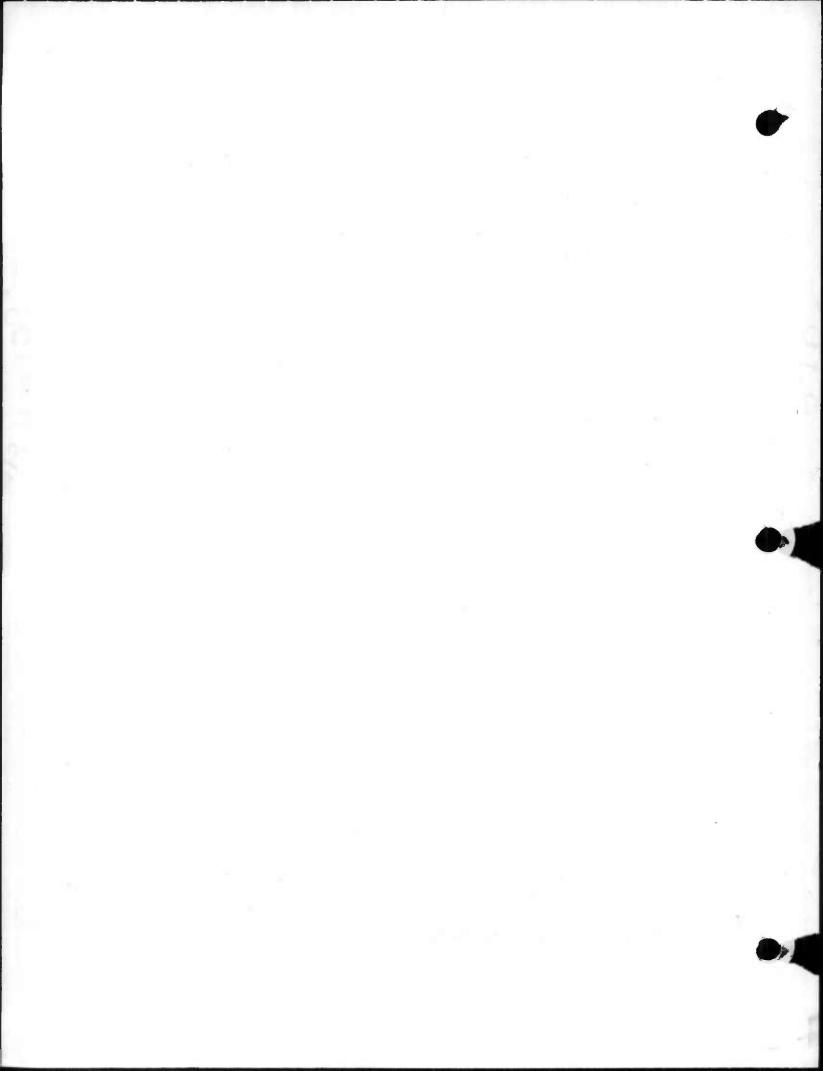
	REGISTRAR				EPARTME RTIFICA	TE OF	DEAT		REG. NO			
1	1. DECEDENT'S NAME (First	it, Middle, Last) G		Rabbit	÷			2			EAR	TIME OF DEAT
	4. SOCIAL SECURITY NUM			AGE (In yrs. last b		DER 1 YEAR	IF UNDER		Jan 1	2 199		7:40 VCE (State or Fo
	217-44-242	1	1 🕅 M 2 🗆 F	82 <del>75</del>	YRS. MONTH	1	HOURS	MIN.	(Month, Day, Year) ]	912	Country)	
	9a. FACILITY NAME (If not i		treet and number)	8275	9b. C	TY, TOWN C	OR LOCATIO	N OF OEAT	ov 23, 4	9c. COUNTY	OF DEAT	
H	Lorien Nu	rsing H	lome .			Colum					ard	
DIRECTOR	RESIDENCE OF DE	CEDENT										
H	10a. STATE	10b. COUNTY	_		10c. CITY, TOW		ION				100	d. INSIDE CITY LIMITS?
	MD  100. STREET AND NUMBER						ZIP CODE			T		YES 2 K
ERAL	6334 Cedar					101	2104			10g. CITIZEN	USA	T COUNTRY?
FUNE	11. MARITAL STATUS	Danc	12. WAS DECEDENT E	VER IN U.S. ARME	ED I	13. WAS DEC			ORIGIN? (Specify Yar	9 or No 14		American India
	1 Never Married 2 🔀	-	FORCES? 1 X			If yes, spi		n, Maxican, F	Puerto Ricen, etc.)		Black, Wi Specify:	
В	3 Widowed 4 Div	besto	WW I				-A.	opocny.				ite
COMPLETED		CEDENT'S EDU ily highest grade		(Give	DENT'S USUAL	ne during mo:		9	16b. KIND OF BU	SINESS/INDUS	TRY	
Ë	Elementary/Secondary (	(0-12)	College (1-4 or 5+)		o NOT use retire				II C Wa	athan '	Division	
M	12 17. FATHER'S NAME (First, A	Aladada Laad		Logi	stics	OLLIC			U.S. We		Bure	au
-	George G.		t. Sr				16. MOTH		(First, Middle, Maiden King	Sumame)		
BE	19a, INFORMANT'S NAME (		ce, pr.	196.1	MAILING ADDR	ESS (Street a			te Number, City or Tow	un Steete Zin Co	orde)	
5	Ellen A. Ra	abbitt	(Wife)						, Columbi		-	45
	204, METHOD OF DISPOSIT	TION		20b. PLACE AN				Roda		CATION CITY		
	1 N Burial 2 Cremati 4 Donation 5 Othe		ovel from State	River			JA	N. 17	1995 Str	asburo	ı. VA	
	21. SIGNATURE OF FUREER	AL SENVICE LIC	ENSEE / /	1		22. NAME AN	D ADDRES	S OF FACILI	TY			
	1	1000	11/1/2	1_		_			l Witzke			
1	23. PART I. Enter the c	ilsoesny, or o	complications the co	eysed the deat	h. Do not en	fer the mo	TWIN	KIIOL.	Ls Rd. Co	TUIND15		Approxim
	ahock, or h IMMEDIATE CAUSE (FI	haart filllure.	List only one cause	on aach Ilna.			,			,	,	Interval B
	disease or condition		1757	457217	ic A	Alena	tion	Ca	2 c 2 brus	2.		Man N
11	resulting in death)	•	DUE TO (OR									
			202 10 (01	AS A CONSECU	ENCE OF):							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
N N	Sequentially list condi-	tions	b		ENCE OF):							
ATION	Sequentially list conditions in the sequential sequence in the	edlata	b	AS A CONSEQU	ENCE OF):					•		
FICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ediata riNG	bDUE TO (OR	AS A CONSEQU	ENCE OF):							
RTIF	If any, leading to imme cause. Enter UNDERLY	ring ury	bDUE TO (OR		ENCE OF):							
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje- that initiated events reaulting in death) LAS	ediata /ING ury	b. DUE TO (OR	AS A CONSEQUE	ENCE OF):  ENCE OF):							
CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ediata /ING ury	b. DUE TO (OR	AS A CONSEQUE	ENCE OF):  ENCE OF):					AUTOPSY		
CAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje- that initiated events reaulting in death) LAS	ediata /ING ury	b. DUE TO (OR	AS A CONSEQUE	ENCE OF):  ENCE OF):				rt I. 24s. WAS AN	I AUTOPSY 1MED?	CO	VILABLE PRIOR
CERTIFI	If any, leading to Imme cause. Enter UNDERLY CAUSE (Disease or injusted in that initiated events resulting in death) LAS	ediata VING ury  ST  ant condition	DUE TO (OR	AS A CONSEQUE	ENCE OF): ENCE OF): ENCE OF):	underlying	g cavaa g		rt I. 24s WAS AN PERFOR	I AUTOPSY 1MED?	COL	MPLETION OF C DEATH?
MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediata (ING uny ST	b. DUE TO (OR	AS A CONSEQUE	ENCE OF): ENCE OF): ENCE OF):	underlylng	g cauaa g	iven in Pa	rt I. 24s. WAS AN PERFOR	I AUTOPSY 1MED?	COL	MILABLE PRIOR MPLETION OF C DEATH?
CIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other eignifications of the cause of t	ediata (ING uny ST	DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL:	AS A CONSEQUE AS A CONSEQUE ath but not rea	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF D	underlying  EATH  28. PL	yes	Iven In Pai	rt I. 24a. WAS AN PERFOR 1 TYES 2	I AUTOPSY 1MED?	COL	MPLETION OF C DEATH?
YSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other eignifications of the cause of t	ediata (ING uny ST	DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL:  1   Impetiant 2   EF	TO CAUS	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OTH	underlying  EATH  26. PL  15.Ft:  Furning Hom	YESACE OF DE	NO ATH (Check	rt I, 24a. WAS AN PERFOR 1  YES 2 only one)	AUTOPSY RMED?	COI OF	MILABLE PRIOR MPLETION OF C DEATH?
PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other signification of the cause of th	ediata ING ING ING EST  ant condition  CO USE TO MEDICAL	DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL:	TO CAUS	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF D	EATH  26. PL  Turning Horn  28. INJ	YESACE OF DE	NO ATH (Check	rt I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY RMED?	COI OF	MILABLE PRIOR MPLETION OF C DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other eignific.  DID TOBAC  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5  2 Accident	ediata ING ING ET  ant condition  CO USE TO MEDICAL  Pending Investigation	DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF IN, (Month, Day, V)  26a. PLACE OF IN	TO CAUS	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  DOA OTH  DOA OTH  DOA OTH  MODIFIED TIME OF  INJURY	EATH  26. PL  ER:  Uraling Hom  28c. INJI  28c. INJI  1   1	YES	NO NO	only one)  Other (Specify)  Id. DESCRIBE HOW I	AUTOPSY MED?  INJURY OCCUR and Number or	AMA COO OF 1	NLABLE PRIOR MPLETION OF C DEATH? YES 2   1
TED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other eignific.  DID TOBAC  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5  2 Accident	ediata ING ING ING EST  ant condition  CO USE TO MEDICAL	DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF INJ (Month, Day, 1)	TO CAUS	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  DOA OTH  DOA OTH  DOA OTH  MODIFIED TIME OF  INJURY	EATH  26. PL  ER:  Uraling Hom  28c. INJI  28c. INJI  1   1	YES	NO NO	only one)  Other (Specify)  Od. DESCRIBE HOW I	AUTOPSY MED?  INJURY OCCUR and Number or	AMA COO OF 1	NLABLE PRIOR MPLETION OF C DEATH? YES 2   1
LETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other algnific.  DID TOBAC  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 8 4 Homicide	ediata ING ING ING ING ING ING ING ING ING ING	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF IN, (Month, Day, V)  26a. PLACE OF IN, building, stc.	TO CAUS  R/Outpatient 3 URY HJURY — At home	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OTH  DOA  OTH  DOA  OTH  NUTRIE OF  INJURY  M	EATH 28. PL	YESACE OF DE E 5 Ret URY AT RK?	NO 28	only one)  Other (Specify)  It. LOCATION (Street City or Town, State)	AUTOPSY TIMED?  INJURY OCCUR and Number or i	AMA COO OF 1	NLABLE PRIOR MPLETION OF C DEATH? YES 2   1
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other eignific.  DID TOBAC  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER CRECK only	ant condition  CO USE TO MEDICAL  Pending Investigation Could not be detarmined	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF INJ (Month, Day, 1)  26a. PLACE OF IND building, stc.	TO CAUS  TO	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  DOA OTH DOA OTH DOA OTH DOA OTH OF, farm, strast, in	EATH  26. PL  ER:  Furning Hom  26c. INJ  factory, office	YESACE OF DE   5	NO 28 and dus to the state of t	only one)  Other (Specify)  Id. DESCRIBE HOW I  City or Town, State)	AUTOPSY RMED?	AMCON OF 1 [	NLABLE PRIOR METHOD OF CODEATH?  YES 2   F
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific.  DID TOBAC  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 DEATH  2 Accident  3 Suicide 8 DEATH  29a. CERTIFIER CRECK Only One) 2 MED	ediata ING ING ING ING ING ING ING ING ING ING	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF IN, (Month, Day, 1)  26a. PLACE OF IN, building, stc.  CIAN: To the best of my	TO CAUS  R/Outpatient 3 URY  Rowledge, death  knowledge, death instion and/or inv	ENCE OF):  ENCE OF):  ENCE OF):  Inditing in tha  DOA OTH DOA	underlying  EATH  26. PL  ER:  Furaing Hom  26c. INJI  WO  1 V  factory, office  te fime, data  ny opinion, de	YESACE OF D	NO 28 and dus to be at the time	only one)  Other (Specify)  Id. DESCRIBE HOW I  City or Town, State)  the cause(s) end man	AUTOPSY AMED?  E ANO  INJURY OCCUR  and Number or another as stated.  Indidua to the columnians.	AMA CON OF 1 [ ] THE PRED Rural Route	NLABLE PRIOR MEATH?  YES 2   F
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific.  DID TOBAC  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 DEATH  2 Accident  3 Suicide 8 DEATH  29a. CERTIFIER CRECK Only One) 2 MED	ediata ING ING ING ING ING ING ING ING ING ING	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF IN, (Month, Day, 1)  26a. PLACE OF IN, building, stc.  CIAN: To the best of my	TO CAUS  R/Outpatient 3 URY  Rowledge, death  knowledge, death instion and/or inv	ENCE OF):  ENCE OF):  ENCE OF):  Inditing in tha  DOA OTH DOA	underlying  EATH  26. PL  ER:  Furaing Hom  26c. INJI  WO  1 V  factory, office  te fime, data  ny opinion, de	YESACE OF D	NO 28 and dus to be at the time	only one)  Other (Specify)  Id. DESCRIBE HOW I  City or Town, State)  the cause(s) end man	AUTOPSY AMED?  E ANO  INJURY OCCUR  and Number or another as stated.  Indidua to the columnians.	AMA CON OF 1 [ ] THE PRED Rural Route	YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific.  DID TOBAC  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 DEATH  2 Accident  3 Suicide 8 DEATH  29a. CERTIFIER CRECK Only One) 2 MED	ediata ING ING ING ING ING ING ING ING ING ING	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF IN, (Month, Day, 1)  26a. PLACE OF IN, building, stc.  CIAN: To the best of my	TO CAUS  R/Outpatient 3 URY  Rowledge, death  knowledge, death instion and/or inv	ENCE OF):  ENCE OF):  ENCE OF):  Inditing in tha  DOA OTH DOA	underlying  EATH  26. PL  ER:  Furaing Hom  26c. INJI  WO  1 V  factory, office  te fime, data  ny opinion, de	YESACE OF D	NO 28 and dus to be at the time	only one)  Other (Specify)  Id. DESCRIBE HOW I  City or Town, State)  the cause(s) end man	AUTOPSY AMED?  E ANO  INJURY OCCUR and Number or an assisted. Indiduction than continued to the continued to	AMA CON OF 1 [ ] THE PRED Rural Route	NLABLE PRIOR MEATH?  YES 2   F
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific.  DID TOBAC  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 DEATH  2 Accident  3 Suicide 8 DEATH  29a. CERTIFIER CRECK Only One) 2 MED	ediata ING ING ING ING ING ING ING ING ING ING	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  CONTRIBUTE  HOSPITAL: 1   Inpetiant 2   EF  28a. DATE OF INJ (Month, Day, 1)  26a. PLACE OF INJ building, atc.	TO CAUS  TO CAUS  TO CAUS  AVOUTPATIENT 3  HJURY — At home  L (Specify)  Knowledge, destrination and/or inv	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  DOA OTH  DOA	underlying  EATH  26. PL  ER:  Furaing Hom  26c. INJI  WO  1 V  factory, office  te fime, data  ny opinion, de	YESACE OF D	NO 28 and dus to be at the time	only one)  Other (Specify)  Id. DESCRIBE HOW I  City or Town, State)  the cause(s) end man	AUTOPSY AMED?  E ANO  INJURY OCCUR and Number or an assisted. Indiduction than continued to the continued to	AMA CON OF 1 [ ] THE PRED Rural Route	NLABLE PRIOR MEATH?  YES 2   F

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		0=014	71.50		2. DATE OF DEATH	RASK OF A	3. TIME OF DEATH
	PAUL JER		REDM	ILES	W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JANUARY 1		
	212-18-7936	X M 2 🗆 F 83	YRS,	ONTHS DAYS		Apr. 20, 1	911 Mar	yland
TOR	9a. FACILITY NAME (If not institution, give street  NORTH ARUNDEL HOSI				BURNIE	ATH	A.A.COU	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON			10d, INSIDE CITY
	MD Anne	Anne Arundel Odenton  ET AND NUMBER 101, ZIP CODE 100 CITIZEN O						
FUNERAL	3206 Redmiles Lane 21113 USA							WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	endent Of Hispani elfy Cuben, Mexicen 2 NO Specify:		Blac	E — American Indien, k, White, etc. #y: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use asterci	rk done during mos retired.)	t of working	16b. KIND OF BUS	INESS/INDUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)	112	abcerci	arcsma		Genera.	Motor	S
BEC	Romeo Redmiles					ine McCra		
10 B	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	oute Number, City or Town	, Stete, Zip Code)	
-	Kathryn L. Redm:					,Odenton		1401
	20e. METHOD OF DISPOSITION 10 Burial 2 Cremetion 3 Remova 4 Donation 5 Cother (Sectiv)	from State Comete	Chois E	oisposition (Named) Sethel	u.M.Cer	0ATE 206. LOG	odenton	rwn, State MD
	21. SIGNATURE OF PUNETAL SERVICE LICEN	relol		Harde	esty Fur	neral Hor	ne, P.A	
	23. PART I. Enter the diseases, or com shock, or heert fellure. List	iplications that caused the	he deeth. Do not	enter the mod	le of dying, auch	aa cerdlec or respir	atory arrest,	Approximata
	IMMEDIATE CAUSE (Finel	CEREBRO		LAR	ACCIT	ENT		Interval Between Onset and Death
İ		4						10000
NOI	Sequentially list conditions,	OUE TO (OR AS A CO	ENS/6	N				yes
CAT	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DIABETE		YELLI	TUS			YRS
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEDUENCE OF):					
	PART II. Other significent conditions c	ontributing to deeth but	not resulting in	the underlying	cause alven in D	Part I. 24a. WAS AN	HITTOREY CASE	WERE AUTOPSY FINDINGS
DICAL	SUPRAVENTRY	CULAR ;	TACHYO	ARDI.	4	PERFORI	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UITE TO CALISE OF	DEATH VEC		I IN I CENTAIN I			1 Tes 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF OEATH		UNCERTAIN	Ш		
SIC		OSPITAL: Inpetient 2 - ER/Outpatk		THER:	5 - Residence 6	Other (Specify)		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stre	et, fectory, office		281. LOCATION (Street er City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the beels of examination as						) and manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB	2007	29d. DATE SIGNEO	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATI	(ITEM 27) /kma D	int)	2164	45	1-14	6-95
	JOSE P. NEPOMUCE	NO, M.D./784	5 OAKW00		07/GLEN	BURNIE, MD	21061	
	JAN 17 1995 July	SZÁBEGISTRAR'S CHAN	TI.					

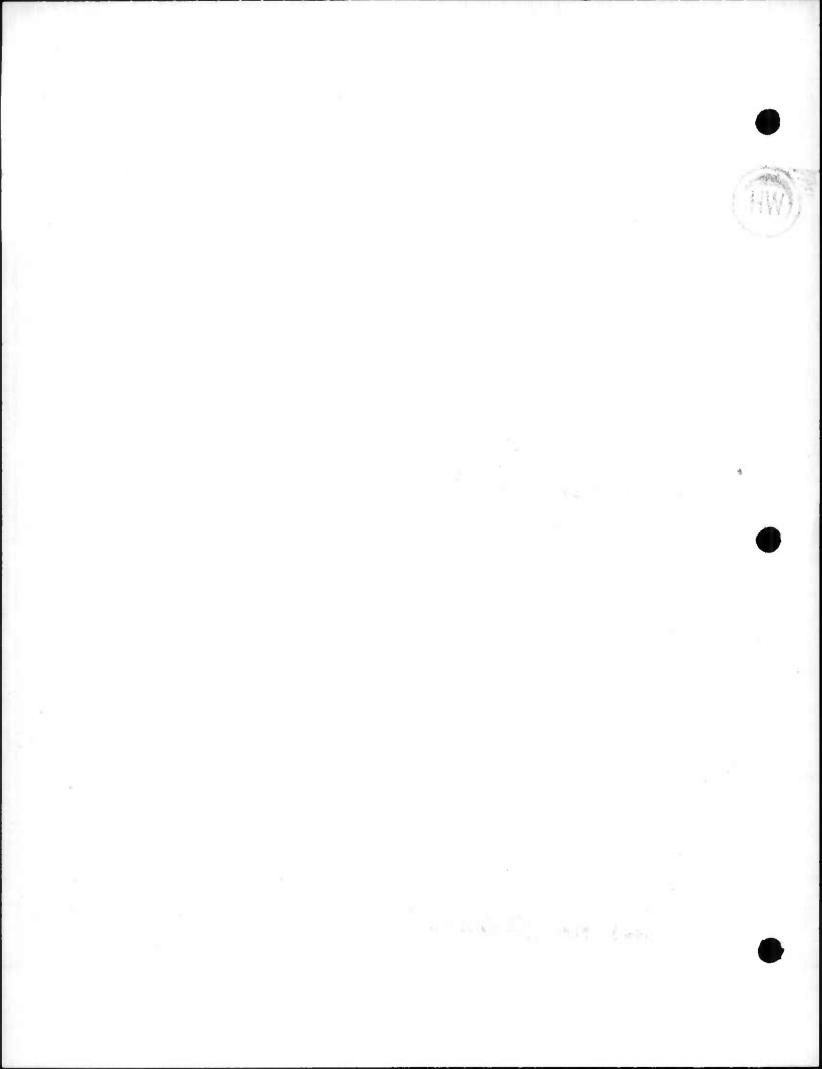


6	_	_	1	
	BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit removal.	nedical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle	, Lest)			2. DATE OF DEATH		3. TIME OF DEATH
SHIRLEY M.		REECE		JAN.06,1		11:05A M
4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 26 - 41		THPLACE (State or Foreign
9a. FACILITY NAME (If not institution			TOWN OR LOCATION OF DI		9c. COUNTY OF	DEATH
5807 GURIN	OAK AVE.				BALTI	
5807 GURIN RESIDENCE OF DECEDE 106. STATE 106. C	COUNTY	10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER  11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO II	AS DECENDENT OF HISPAR yes, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Ricen, atc.)	Blo	CE — American Indien, etc.
15. DECEDENT (Specify only highes	st grade completed)	16a. DECEDENT'S USUAL OCI (Give kind of work done di life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUS	INESS/INDUSTRY	DIGCK
Elementary/Secondary (0-12)	College (1-4 or 5+)					
17, FATHER'S NAME (First, Middle, Li	191)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	
19a. INFORMANT'S NAME (Type/Prin	0	19b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
20e. METHOD OF DISPOSITION 1	Removal from State came	PLACE AND DATE OF DISPOSITION (Proposition of the place)  OVAI	ION (Name of	DATE 20c. LOC	CATION — City or	Town, State
	ICE LICENSEE Ronald W.	ade, Dir 22. N	AME AND ADDRESS OF FA	ore St,Ba	Anato alto,MI	my Board 021201
ahock, or heert fe IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a, or complications that caused sillure. List only one cause on each a. Hyperter Market Due to (or AS A of D	ch line.  Aflus  CONSEQUENCE OF):			4	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):				
PART II. Other aignificant con	nditiona contributing to death bu	t not resulting in the und	erlying ceuse given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDI EXAMINER?  TO SEE 2 NO  27. MANNER OF DEATH	ONTRIBUTE TO CAUSE OF	DEATH VEC II N	0 []	T VES 2	□ NO	OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDI		6. PLACE OF DEATH (Check or		4 🗆 📗		`
EXAMINER?  1XXYES 2 NO	HOSPITAL: 1 □ Inpetient 2 □ ER/Outpet	OTHER:	, , , , , , , , , , , , , , , , , , , ,	8  Other (Specify)		
		28b. TIME OF INJURY	8c. INJURY AT WORK?	28d. DEŞCRIBE HOW IN	JURY OCCURED	
2 Accident Investig 3 Suicide 6 Could r 4 Homicide determi	28e. PLACE OF INJURY - building, etc. (Specif	– At home, farm, atreet, fector		28f. LOCATION (Street e City or Town, State)	nd Number or Rure	Route Number,
	PHYSICIAN: To the best of my knowle (AMINER: On the beele of axamination					(s) end manner on states!
II 29h SIGNATIIDE AND TITLE OF CE			29c. LICENSE NUN			D (Month, Day, Year)
Theodore	ON WHO COMPLETED CAUSE OF DEAT	m, i	OCME			.07,1995
THEODORE	M. K. COMPLETED CAUSE OF DEAT	111 Penn S	Street, Ba	ltimore,	Maryl	and 21201
31. DATE FLED (Mon 1 7 199	5 Sucresions	PINTAM				

DHMH-18 Rev 1/89



**MARYLAND** 21215-0020

hours after death. requires that the death certificate be OR ATTENDING PHYSICIAN:

permit. Pages 1, 2, 3 should rs after death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit removal. notified at pe must examiner medical filled in by t the completely traumatic event, burial. and 2 attending physician antal Hygiene prior t other t 6 signed by the shows any certificate has been Dept. Item the State 6 with t is marked. DIRECTOR: / 28 Item TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH REZNITSKY JAN. 11, 1995 9: 🎥 a. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 050-03-1801A 1 × M 2 | F 79 DAYS HOURS JAN. 15,191 NEW YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 16c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21208 USA 1014 SCOTTS HILL DR. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Maxican, Puarto Rican, atc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) CERTIFIED PUBLIC ACCOUNTANT ACCOUNTING 5+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA SLAWSKY LOUIS REZNITSKY BE 19a. INFORMANT'S NAME (Type/Print) Hill Drive to Number, City or Town, State, Zip Code) 9 1014 SCOTTS LEVEL RD. MRS. EVELYN H. REZNITSKY BALTO., MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State X Burial 2 Cremation ☐ Donation 6 ☐ Otto SWINICHER WOLINER BENEVOLENT SC. 1/11/95 BALTO., MD 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART I. Enter the disease of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heer failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition\_ myocardi Wearchon numera resulting in death) DUE TO (OR AS A CONS tr ferio sclewice Vears CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? obstructing Lung Deslare 1 YES 2 NO DE DEATH? po pit utarism 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IT UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERBED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Oulpatient 3 | DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY 28d. DEŞCRIBE HOW INJURY OCCUREO 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Sulcida 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atted. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Nonth, Day, Year)

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31. DATE FILEO (Month, Day, Year)

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Friedman

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

23 Creswoods

retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 :

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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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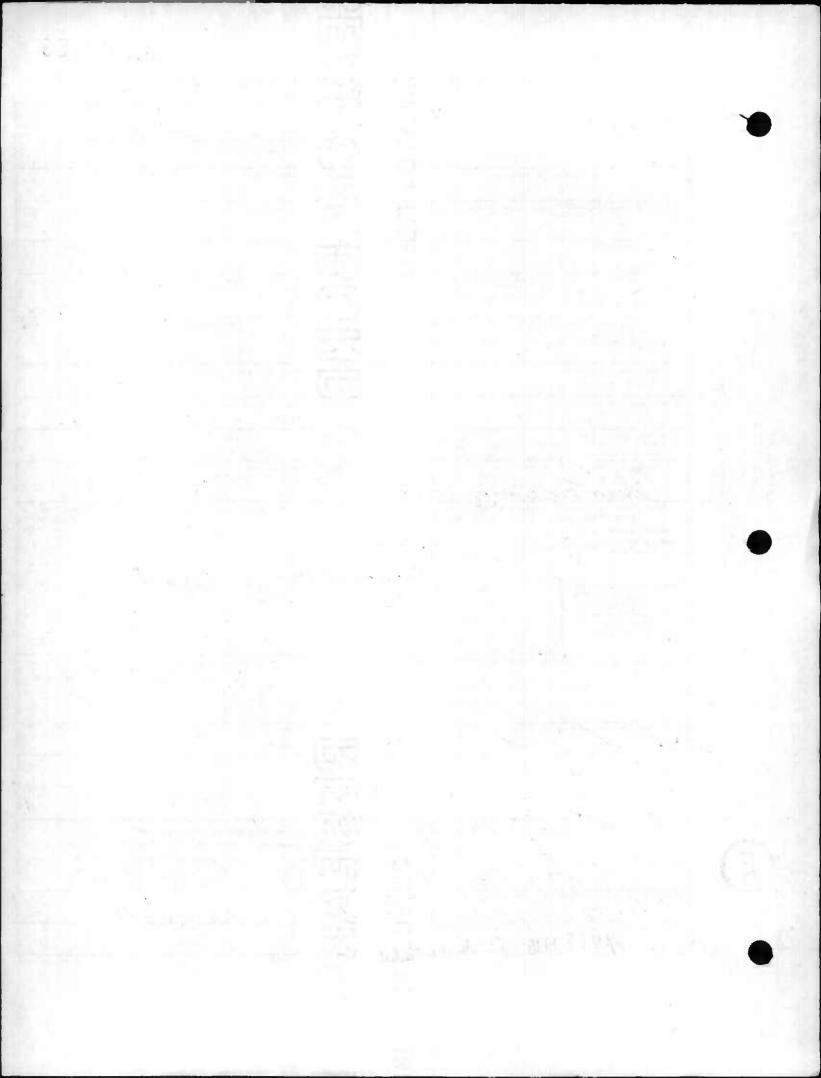
After death OR ATTENDING !

DIRECTOR: /

95 00856 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH. 6 45/15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 M 2 J.F 212-40-0085 53 YRS. 01 - 04 - 42NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOME HOSPITAL BALTIMORE CITY NONE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1X YES 2 NO FUNERAL 10a. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 100 N. AISQUITH ST. 21202 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: BY 3 Widowed N Divorced AFRICAN AMERICAN ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) NONE Elementary/Secondary (0-12) llTH COMPL SECURITY GUARD HOUSING AUTHORITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ROMEY DOWDEY FRANCES REIVES BE 19a, INFORMANT'S NAME (Type/Print) 19h MAII INO ADDRESS (Stre et and Number or Rural Route Number, City or Town, State, Zip Code) 2 TRINA BLACKSTON 1124 E. FAYETTE ST. BALTO, MD. 21202 20s. METHOD OF DISPOSITION
DE Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State MT. ZION CEM. 1/18/95 BALTO, MD 21. SIGNATUBE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition nsu resulting in death) DUE TO (OR AS A COMBEOUENCE OF): Cardio PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPIPAL: OTHER: Nent 2 ER/Outpetlent 3 DOA ome 5 Residence 6 Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Homicide COMPLET 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAM ation and/or investigation, in my opinion, death occured at the time, date end place, and dua to the cause(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 00 32. REGISTRAR'S SIGNATURE 4JAN 1

DHMH-16 Rev 1/89



OH ALTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely after death. Page 6 may be retained by the hospital or attending physician.

The CDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should manner therefore with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	_	FOR STATE
Ė		REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1,255111	DECEDENT'S NAME (First, Middle, Last)  ROBERT  2.							2. DATE OF MONTH	2. DATE OF DEATH MONTH Jan 13 1995 YEAR			3. TIME OF DEATH 4:50 am	
4. SOCIAL SECURITY NO. 219-07-15]		5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS. MIN.	7. DATE OF 1 (Month, De 9-24-	BIRTH by. Year)		Countr	PLACE (State or Foreign
9a. FACILITY NAME (# na	ot Institution, give s	street and number)			9h CITY	Y TOWN	DR LOCAT	ION OF D		21	0. 0011	NTY OF D	4
	eph Medi							Man			3.4	Baltin	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
Maryland									LIMITS?				
	101. 217 CODE							U.S.A.					
11, MARITAL STATUS 1 Never Married 2 3 Wildowed 4 E		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp It yes, specify Cuben, Maxican, Puerto Rican 1 YES 2 XNO Specify:						pecify Yea n, etc.)	as or No- 14. RACE — American Indian, Black, White, etc. Specify: White				
15. E (Specify	ECEDENT'S EDU	CATION completed)	18a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON:	ina	16b. KIN	OF BUS	INESS/IND		
Elementery/Secondar	y (0-12)		College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use relired.)  Purchasing Agent Signet Ba						t Baı	nk			
17. FATHER'S NAME (First							18. MOT	HER'S NA	ME (First, Midd	-			
T. Frank S	heehan						Geo	rgie	Apple	gart	h		
19a. INFORMANT'S NAM	E (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	or Rural	Route Number, (	City or Town	, State, Zip	Code)	
Myrtle C.	Sheehan			1052	7 Lo	ngbr	anch	Rd.	Cocke	ysvi	lle,	Md.	21030
20e. METHOD OF DISPO		and too Chat	20b. PLACE				me of		OATE	20c. LOC	CATION —	City or To	wn, State
4 Donation 5 Ot		Oval from State	Dular	emetory or o	alle	У			1-16	Tim	oniur	m, M	d.
21. SIGNATURE OF FUNE	RAL SERVICE LIC	CENSEE	-/	/				SS OF FA					
1 1	_ /	11	11						Funera . Tows				1
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. PULMONARY FIBROSIS  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
Sequentially list con if any, laading to impose cause. Enter UNDER CAUSE (Disease or I that initiated evants	ditione, medieta LYING njury	DUE TO  CIRRHOS OUE TO  PORTAL	OR AS A CONSE GOR AS A CONSE HYPERT	VER OUENCE O ENSIC	F): F): DN								6 months 10 YRS.
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Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated evants resulting in deeth) L	ditione, medieta LYING njury AST	DUE TO  DUE TO  DUE TO  d.  MOSPITAL:	(OR AS A CONSE  BIS OF LIN (OR AS A CONSE  HYPERT (OR AS A CONSE	VER OUENCE O TENSIC	F): DN F): In the ur	28. PI Fi:	ACE OF E	DEATH (Ch	1 [	PERFOR	MED?	24b.	6 months  10 YRS,  10 YRS,  were autopsy findings analiable prior to completion of cause of Death?
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Sequentially list con if any, leading to import cause. Enter UNDER CAUSE (Disease or I that initiated evants resulting in death) L  PART II. Other alignifications of the control of the c	ditione, medieta LYING njury AST  Cant condition  To MEDICAL  Pending investigation  Could not be determined	DUE TO  b. CIRRHOS OUE TO  c. PORTAL DUE TO  d.  MOSPITAL: 1 Impatient 2 28e. DATE OF (Month, De) 28e. PLACE Of building,	(OR AS A CONSE  SIS OF LIN (OR AS A CONSE  HYPERT (OR AS A CONSE  death but not  INJURY (OR AS A CONSE  INJURY (OR AS A CONSE  death but not  This injury (Finite (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite injury (Finite (Finite injury (Finite	OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC OUENCE O  TENSIC	F):  F):  OTHER  A \sum Nur  E OF JURY M  attract, fact	28. PI R: rsing Hom 28c. INJ WC 1   'tory, offic	ACE OF E  5  R  URY AT  RK?  YES 2 {	DEATH (Chesidence	eck only one)  8 Other (Sp 28d. DESCRII  28t. LOCATIO City or To	PERFORI  YES 2  Pecify)  BE HOW IN  N (Street a: wm, State)	MED? NO  NUTRY OCC  and Number	or Rural R	6 months  10 YRS,  10 YRS,  WERE AUTOPSY FINDING: AMAILABLE PRINO OF TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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Sequentially list con if any, leading to import cause. Enter UNDER CAUSE (Disease or I that initiated evants resulting in deeth) L  PART II. Other alignifications of the control of the cause of the control of the control of the cause of th	D TO MEDICAL  Pending Investigation  Could not be determined  ERTIFYING PHYSI  EDICAL EXAMINE  TLE OF CERTIFIER  OF PERSON WH	DUE TO  b. CIRRHOS OUE TO  c. PORTAL DUE TO  d.  a contributing to  28e. DATE OF (Month, De  28e. PLACE OF building,	(OR AS A CONSE  BIS OF LN (OR AS A CONSE  HYPERT (OR AS A CONSE  death but not  ER/Outpetient :  INJURY   INJURY   INJURY   INJURY   At he etc. (Specify)  Ty knowledge, de  camination and/or	OUENCE O  ENSIC OUENCE O  Teeulting  B DOA  26b. TIMIN.  Dome, term,  Investigation  M 27) (Types	F):  F):  OTHER  A	28. PI RI: resing Hom 28c. INJ tory, offic time, data	ACE OF E	DEATH (Cheesidence) NO No a, and due red at the	8 Other (Sp 28d. DESCRII 28t. LOCATIO City or To to the cause(a time, data end	PERFORI YES 2  POSITION IN (Street a. wr., State)  and menuplace, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural R  ed. e cause(a  E SIGNED  ) \ - \	TO YRS.  10 YRS.  10 YRS.  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated evants resulting in deeth) L  PART II. Other aligniff  25. WAS CASE REFERREDER EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Naturel 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TI	ditione, medieta LYING njury AST  Cant condition  To MEDICAL  Pending investigation  Could not be determined  ERTIFYING PHYSI EDICAL EXAMINE  TLE OF CERTIFIER  THE OF CERTIFI	DUE TO  DUE TO  C. PORTAL  DUE TO  DUE	(OR AS A CONSE  BIS OF LN (OR AS A CONSE  HYPERT (OR AS A CONSE  death but not  ER/Outpetient :  INJURY   INJURY   INJURY   INJURY   At he etc. (Specify)  Ty knowledge, de  camination and/or	OUENCE O  ENSIC OUENCE O  Teeulting  B DOA  26b. TIMIN.  Dome, term,  Investigation  M 27) (Types	F):  F):  OTHER  A	28. PI RI: resing Hom 28c. INJ tory, offic time, data	ACE OF E	DEATH (Cheesidence) NO No a, and due red at the	8 Other (Sp 28d. DESCRII 28t. LOCATIO City or To to the cause(a time, data end	PERFORI YES 2  POSITION IN (Street a. wr., State)  and menuplace, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural R  ed. e cause(a  E SIGNED  ) \ - \	TO YRS.  10 YRS.  10 YRS.  10 YRS.  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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DIVISION OF VITAL RECORD

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hospital or attending physician. ached for use as the burial-transit should be detached notified at 10 page e must director. medical examiner funeral 2 filled in by 6 the the cremation, completely other traumatic event, burial, and 2 Hygiene prior attending 9 Mental in luny, the signed by t Health and Shows 6 certificate has been Dept. 23 Hem State ATTENDING PHYSICIAN: the 6 this c is marked, CTOR: After t after death 28

Pages 1, 2, 3 should

permit.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH January 11,1995 SHINNICK Ruth 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. JUNE 23 218-12-0141 83 DAYS HOURS 1 - M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH FRANKLIN SQUARE HOSPITAL BALTIMORE RESIDENCE OF DECEDENT

3. TIME OF DEATH 6:30 P 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH DIRECTOR Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 TES 2 X NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1715 ABERDEEN ROAD 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

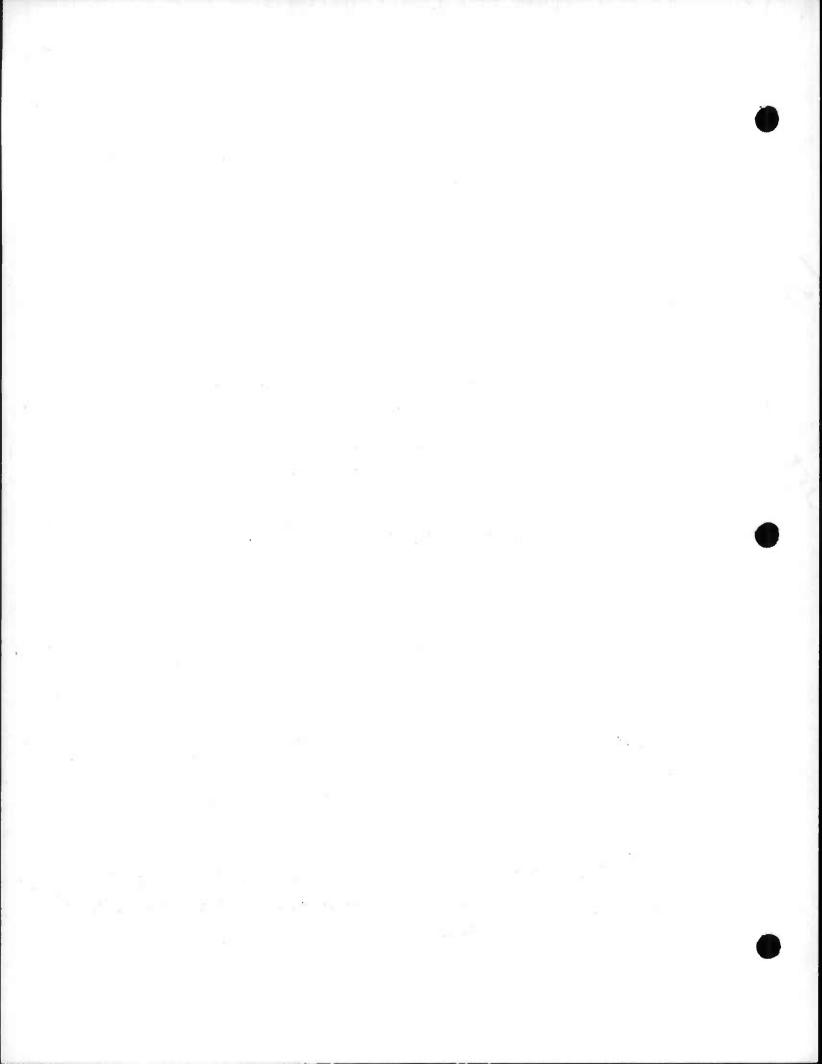
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (t-4 or 5+) COMP 12 MEDICAL RECEPTIONIST MEDICAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK LASTNER MABEL CARROLL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM G. SHINNICK 7806 VALLEY VILLAS PARMA, OHIO 44130 20a. METHOD OF DISPOSITION DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 □ Burial 2 🏋 Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) HILLTOP SERVICE CORP 1/14/95 TOWSON, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6 JOHN E. DOLAN RUCK TOWSON FUNERAL HOME INC. 6 alan 1050 YORK ROAD TOWSON, MD. 21204 23/ PART I. Enter the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Bladder cancer 3 months reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): a Chronic obstructive pulmonary disease 5 years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 1 T VES 2 X NO OF DEATH? t | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IZ UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 Inpetient 2 - ER/Outpetlant 3 - DOA 1 YES 2 NO 4 - Nursing Home 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? INJURY 1X Natural м 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. 2 \_ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE wo January 11, 1995 R D 1514 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Claudia Kroker 9000 Franklin Square Dr. Baltimore, Maryland 21237

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
DAL I IMORE, MARTLAND	STATE OF ALMER ALCOHOLS, T.O. BOX 667 60

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	Sally Marybell Smith			DEATH	2. DATE OF DEATH MONTH DAY YEAR January 15, 1995				
OR	20 0210	1 □ M 2 🖾 F 78 YRS. MONTHS DAYS HOURS I			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 16,	LACE (State or Foreign			
	98. FACILITY NAME (If not institution, give street and number) 8387 Baltimore & Annapolis Blvd.			Pasade	R LOCATION OF D	EATH	Pc. COUNTY OF DEATH Anne Arundel			
ECT	RESIDENCE OF DECEDENT						Od. INSIDE CITY			
DIR	Maryland Anne Arundel			timore				LIMITS?		
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER			101	10g. CITIZEN			OF WHAT COUNTRY?		
	5304 Brookwood Road			21225			U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ N IF YES, GIVE WAR OR DATES	NO NO	13. WAS DEC	ecify Cuban, Maxico	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) ly:	en or No—			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade o	ompleted) (Gi	CEDENT'S U	SUAL OCCUPATION Most done during most retired.)	DN st of working	16b. KIND OF B	JSINESS/INDU	JSTRY	White	
PLE	Elementary/Secondary (0-12) 6 years	College (1-4 or 5+)	ook Bi							
Š S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE (		essie W. Keats			Anı					
0	190. INFORMANT'S NAME (Type/Print) Annamay Fisher					Route Number, City or To			21122	
	20a. METHOD OF DISPOSITION			DISPOSITION (No.		polis Blvd	ocation – c		na, Md.	
II.	1 N Buriel 2 Cremation 3 Removed Donation 6 Other (Specify)	val from State cametery, cre.	metory or other	emetery		1/17 Ba			C. Indiana	
W.	21. SIGNATURE OF FUNERAL SERVICE VICE	HSER		22. NAME AN	D ADDRESS OF FA					
	Mengo	1 Morce		4001 I	Ritchie	Hwy. Balt	imore	, Md.		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.									
	IMMEDIATE CAUSE (Finel disease or condition	Motostatio	Lie	aget	cance	71/			Onset and Death	
Z	disease or condition reaulting in death)  Metastatic breast cancer  DUE TO (OR AS A CONSEQUENCE OF):						yrs			
	Sequentially list conditions, b.									
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	CAUSE (Disease or Injury \$ c.								
ERT	resulting in death) LAST									
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
MEDICAL	PERFORMED? AW						MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?			
								YES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 TO NO  26. PLACE OF DEATH (Check only one)  TO THER:  1 Inputlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 26c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCU	JRED		
BY	1 Natural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO					
ETED	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							ite Number,		
PLE	29s. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
COMPL	one) 2 MEDICAL EXAMINER: On the peals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, 01/6/9C							fonth! Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AUL E GORM USY 900 Caton Ave Balts. IND 31229								
	JAN 1 7 1995 Julia	82. REGISTRADO SIGNATURE			/1-	100110.				
	JAN 1 7 1995 Juli	divoler Karlall								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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I	tem17,Film719,1/1									
	1 - STATE REGISTRAR	STATE OF MARYLAND C		ENT OF HEA NTE OF DI		MENTAL HYGIEN REG. NO				
						2. DATE OF DEATH MONTH DAY YEAR			NE OF DEATH	
	LEONADD  4. SOCIAL SECURITY NUMBER 5.	LEONARD SAVALISKY				1			:24 PM	
	The state of the s	SEX 6. AGE (In yrs. In 69	YRS. MONT		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Country)		(State or Foreign	
		9a. FACILITY NAME (If not inelitution, give etreet and number)  9b. CITY, TOWN OR LOCATION OF DEA					b. 21,1925 Maryland			
0 8	NORTH ARUNDEL HOSPI	NORTH ARIINDEL HOSPITAL ASSOCIATION GLEN RUDNIE ANNE ADUNDEL								
DIRECTOR	10a. STATE 10b. COUNTY	RESIDENCE OF DECEDENT						10d. I	NSIDE CITY	
			Balt.	imore					YES 2 NO	
BY FUNERAL	10e. STREET AND NUMBER			101. ZIP				ZEN OF WHAT COUNTRY?		
N.	3021 Elizabeth Av	VENUE . WAS DECEDENT EVER IN U.S. A	RMED		21230	IIC ORIGIN? (Specify Yes		.S.A.	1970000111111	
7	1 Never Married 2 Married	FORCES? 1 YES 2 X	NO	If yes, specity	Cuban, Maxica NO Specify	n, Puerto Rican, atc.)	or No-	14. RACE — Am Black, White Specify:		
	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION	<u></u>						W	hite	
EE	(Specify only highest grade com	(Control (Co	ECEDENT'S USUA Give kind of work do n. Do NOT use retire	one during most of	working Med	h 166. KIND OF BU	SINESS/INDI	USTRY		
COMPLETED	12th	1s	t Class	Sheet N	Metal	Shtt	Shee	t Meta1	_	
5	17. FATHER'S NAME (First, Middle, Last)		SAVALIO <b>Saualic</b>			ME (First, Middle, Meiden nora C. Bu				
TO BE	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow				
2	Zerna Savalisky			zabeth						
cal examiner must	1 N Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State Competery, or GIEN	Haven I	Position (Name of Memorial	L Park	1/17 G1	en Bu		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	/				ce Funeral				
	23. PARD. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	Approximate  Approximate  IMMEDIATE CAUSE (Final									
1, 11	Onset and Death  Onset and Death  Onset and Death  resulting in death)  s									
a a	DUE TO (OR AS A CONSEQUENCE OF):									
TIFICATION	Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):									
<b>S</b>	CAUSE (Disease or Injury									
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
CEF	d.									
Z Z	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS PERFORMED?  24b. WERE AUTOPSY FINDINGS ANIAL PRIOR TO COMMISSION OF THE PRIOR TO COMMISSI									
MEDICAL	Of DEATH?									
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ACCORD TO MEDICAL  26. PLACE OF DEATH (Check only one)  OTHER:									
HYS	1 YES 2 XINO 13	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
COMPLETED BY PH	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?						WORY OCC	uncu		
	2 Accident 3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify)						ON (Street and Number or Rural Route Number, fown, State)			
	200 OFFITTEEN	4   Homicide determined   City or rown, State)								
MP	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and manner as stated.									
8	296. SIGNATURE AND TITLE OF CERTIFIER AG. ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
0 8	M8Dehony MB PHUSICIAB D-40521 113995									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAHESH S. OCHANEY
31. DATE FILED (Month, Day, Year)

JAN 171995 7845 OAKWOOD ROAD. SUITE 200. GLEN BURNIE. MARYLAND 21061 32. REGISTRAR'S SIGNATURE

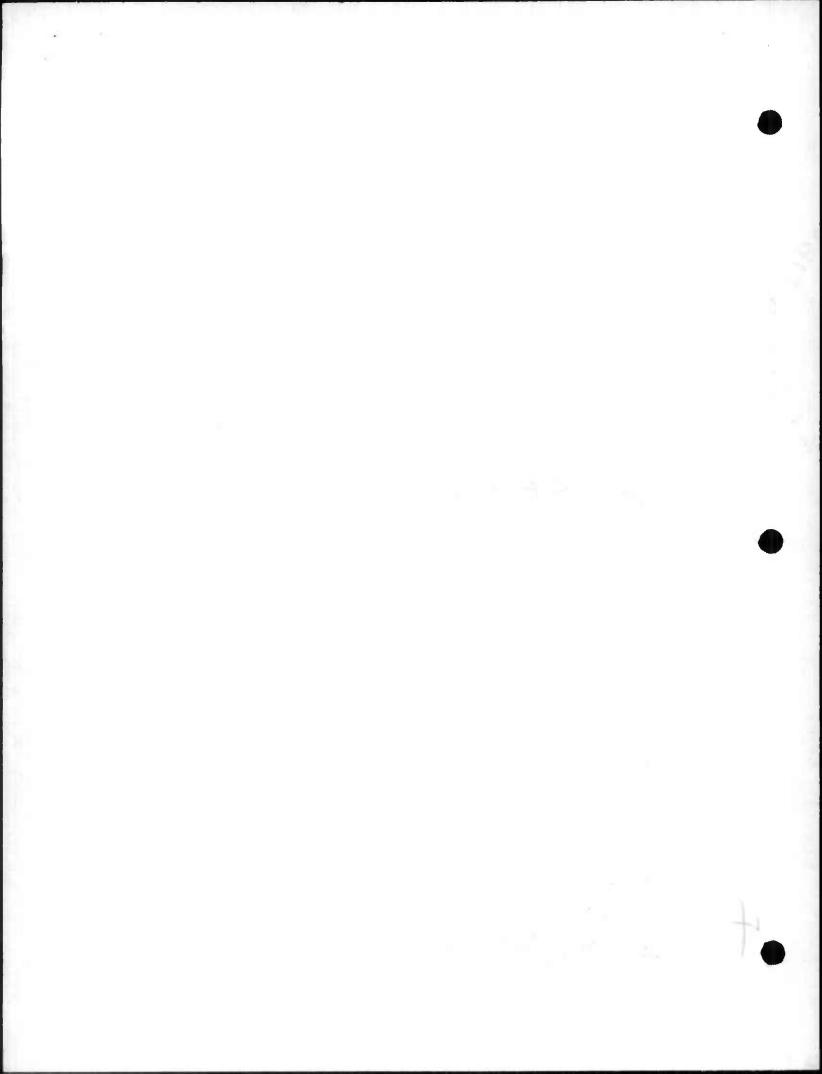
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DIVISION OF VITAL RECORDS,	AND ATTENDED PROPERTY. THE
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATN Jan 15, 1995 Norman Ε. Spicer, Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign DAYS June 5, 1928 1 🛛 M 2 🗌 F 66 218-22-5905 Maryland the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 1908 Alto Vista Avenue Woodlawn Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Woodlawn 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1908 Alto Vista Avenue 21207 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced White use as t COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 100 Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 M.J. Frederick & Brothers Roofer 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norman E. Spicer, Sr. 2 To Mamie Ott should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Enid Spicer page 5 s 1908 Alto Vista Avenue Baltimore, MD 21207 death. Page 6 may be 9 20a, METHOD OF DISPOSITION
1 № Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must t DATE funeral director, Woodlawn Cemetery 4 Donation 5 Other (Specify) 1/18 Woodlawn, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 app. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, n and completely filled in by to burial, cremation, or remo Approximate shock, or heart failura. List only ona cause on aech line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition - of = medantoces Corcuson lung Juus. event, resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by th AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate I HOSPITAL 1 TES 2 NO OTHER: Inputient 2 - ER/Outputient 3 - DOA 4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 10 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c marked, 1 Natural 5 Pending М 1 YES 2 NO BY Investigation death DIRECTOR: After 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 95 3 Sulcide COMPLETED 6 Could not be after 28 4 Homicide hours a Item 29e. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Bnei De. DO 1317 6 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6410 WINDSON Mile RD. Brecher Herman M.D. Balto, Ms 21207 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Ali Davidear Re



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, M		. 4	,				2. DATE OF D		1.22	3. TIME OF DEATH
FARL		Stork	MANE	ARL WIL	LIAM SCI	HURMAN, SR.	O/	09	95	4:35PM
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.				7. DATE OF BI		8. BIRTH	IPLACE (State or Foreign
2/2 0/6563 UM 2 0 F 79 St YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Maryland										
90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  GODO STMARITAN HUSPITAL  8ATTMORE  BATTMORE										
RESIDENCE OF DECEDENT										
	0b. COUNTY			10c. CIT	Y, TOWN OR LO	OCATION				10d. INSIDE CITY LIMITS?
	Maryland Baltimore Lutherville 1 □ YES 2 → NO									
106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  21093  USA										
11. MARITAL STATUS  1										
15. DECED (Specify only h Elementary/Secondary (0-12 12th Grade			+)	(Give kind of v life. Do NOT us	usual occup work done during the retired.)	g most of working			SS/INDUSTRY	
17. FATHER'S NAME (First, Midd	fle, Last)			JUDELI	IIII		AME (First, Middle,	- 100 m	ction	
Louis Schur						Marth	a Fitzb	erger		
Richard T. S		v n				eet and Number or Rural				200
20e. METHOD OF DISPOSITION		111				Court L				
1  Burlel 2  Cremetion	3 🗌 Remov	al trom State	cemetery, c	remetory or of	OF DISPOSITION ther place)	*			ION — City or To	
4 Donetion 5 Other (S)  21. SIGNATURE OF FUNERAL S		NSEE	- I Meti	co Cre	matory	Inc.	1/10/95	Cat	onsvill	e, MD
· Chris	tina	d Ki	West	X	Joh	nson Fune	ral Hom	е		
23. PART I. Enter the dise	easea, or co	mplicationa tha	caused the	deeth. Do n	ot enter the	Loch Ra	ven Blv	d T	OWSOD.	
enock, or nee										
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If any, leading to immedia cause. Enter UNDERLYING	G				*	RY 0150	15E			
CAUSE (Disease or Injury that initiated events	1	DUE TO	(OR AS A CONS			4				
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PART II. Other algolificent	conditione	contributing to	deeth but no	reculting i	n the underl	ying ceuea given in		WAS AN AUT		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							1 🗆	YES 2	NO	COMPLETION OF CAUSE OF DEATH?
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DID TOBACCO USE	CONTRI	BUTE TO CA	USE OF DE	ATH YE	S 🗆 NO	☐ UNCERTAI	N 🗆			
25. WAS CASE REFERRED TO I		HOSPITAL:	26. PL	ACE OF DEAT	H (Check only o	one)				
1 TES 2 JANO		Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing I	Home 5 🗆 Residence	8 Other (Spe	c/fy)		
27. MANNER OF DEATH  1 Natural 5 Pe	ndino	28e. OATE OF (Month, D		28b. TIMI	URY	INJURY AT WORK?	28d. DESCRIB	HOW INJU	RY OCCUREO	
	estigation					YES 2 NO				
	uld not be termined	building,	F INJURY — At etc. (Specify)	home, term, a	itreet, factory, o	office	28t. LOCATION City or Tow	(Street end I n, State)	Number or Rural F	Toute Number,
290. CERTIFIER	YING PHYSICI	AN: To the best of	my knowledge	death occur-	d at the time	date and piece, and di	to the seconds	and messa-	an atetad	
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner as stated.										
29b. SIGNATURE AND TITLE OF						29c. LICENSE NU				(Month, Day, Year)
Monder	- a	2. MARK	Sorelan	10			718	_ 5		
MARK H. SURIAW, MD. GODD SAM ARTAN HOJPITAL 360/ LOCH RAVEN BUYD, EASTIMURE MD 2/239										
31. DATE-FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  34. DATE FILED (Month, Day, Year)										

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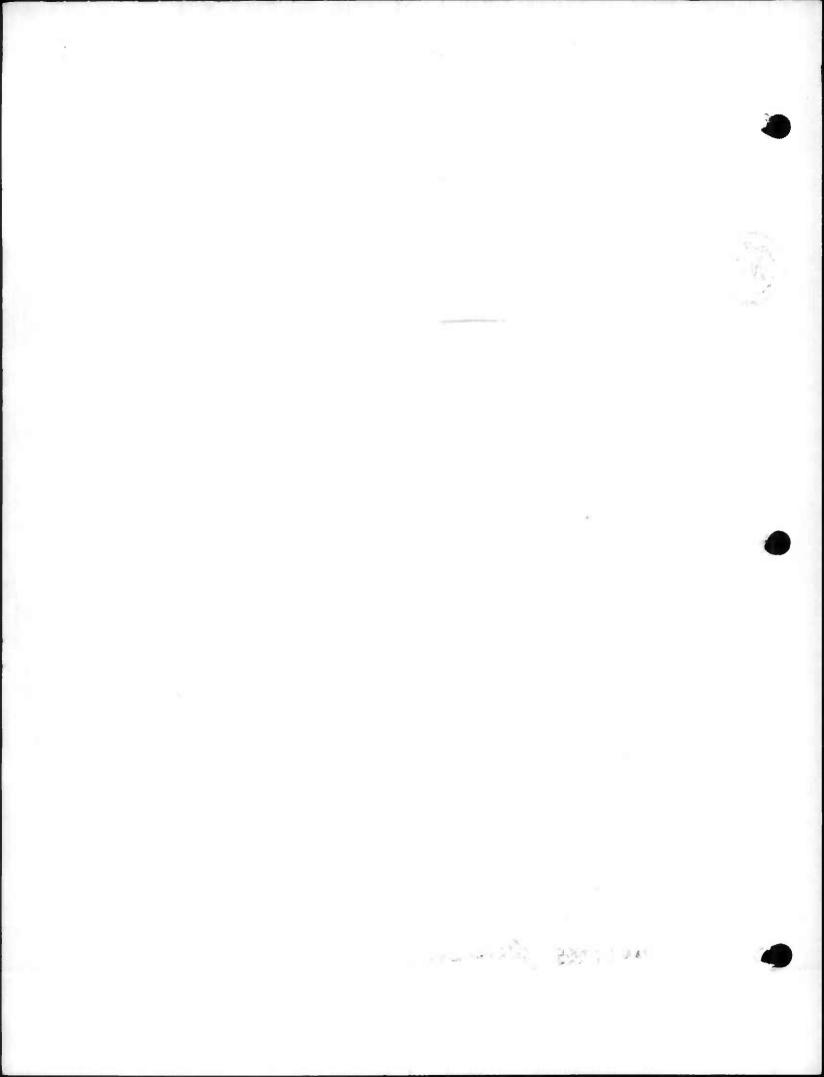
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STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Charles Small, Nast Jr. 1225 AM 2 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7 DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 424-72-2859 Aug 14, 1952 Alabama 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 335 Cove Road Riva Anne Arundel 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Riva 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 335 Cove Road 21140 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married VietBam Vietnam 1 TYES 2 NO BY Specify: 3 Wildowed 4 N Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Bottling Plant Manager Beverage Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charles Nast Small 8 Sr. Jean-Anne Hill 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean-Anne Small 1707 Mountain Laurel Ln. Birmingham, AL 35244 pe 20e. METHOD OF DISPOSITION
1 Burlel 2 Commention 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory, Inc. 4 Donation 5 Other (Specify) 01/14 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. n by the funeral cremoval. Seon George E. 299 Frederick Road Balto., MD 21228 MacNabb medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finei** Onaet and Death disease or condition and completely fille burial, cremation, the · MALIGNANT MELANOMA reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF) the attending physician ar Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 injury. PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and I been signed by or, of Health and S shows any In AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: Dept. i. After this certificate has in death with the State De is marked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO me 5 Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide FUNERAL DIRECTOR: AI within 72 hours after de FTANT: If item 28 is 80 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER VETER GRAZE M 14/5 D08118 Win 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WATKINS BEST BATE STANLIEY 120



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DIVISION OF VITAL RECORDS, P.O. B(

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEOENT'S NAME (First, Middle, Lost)  2. DATE OF DEATH  MONTH  DAY  YEAR  3. TIME OF DEATH  DAY  DAY  YEAR  4 b M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. d 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion
	255-30-4348 1 M 2 WF 69 VRS. MONTHS DAYS HOURS MIN. Aug. 18, 1925 Georgia
DIRECTOR	Sinal Hospital  Residence of decedent  Secountry of death  Baltimore  Secountry of death
IREC	106. STATE 10b. COUNTY 10c CITY, TOWN OR LOCATION 10d. INSIDE CITY UNITS?
	1 YES 2 NO  100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?
FUNERAL	3011 Ridge, Wood Ave, 21215 USA
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: 18. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECEDENT EVER IN U.S. ABMED 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: 11. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 14. RACE — American Indian, 15. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 16. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 16. RACE — American Indian, 17. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 18. RACE — American Indian, 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OF HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC ORIGIN? (Specify: Yes or No— 19. WAS OECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC
D BY	3 Widowed 4 Divorced Negro
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elemegrary/Secondary (0-12)  College (1-4 or 5 +)  18e. DECEDENT'S USUAL OCCUPATION (Side kind of work done during most of working  Ife. Do NOT use retired.)
COMPLETED	8 O Homemaker Own Home
BE CO	17. FATHER'S NAME (First, Middle, Last)  18. MQTHER'S NAME (First, Middle, Malden Surname  LIVE BEASIEV
10	Charles Savage 3011 Ridge Wood Ave Batto Md. 21215
	20a. METHOD OF DISPOSITION 1 of Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
	21. SIGNASURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY TO SO DE RUSS FUNERAL HOME
	Welch d. Kuss 2222 W. North Ave. Balto. Md. 21216
	23. PART . Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Daath
	disease or condition -> Bradyarrythmia / Tachyarrythmia 24 hours
Z	- Myogardial infarction
AT 10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
IFIC	CAUSE (Disease or injury that initiated eventa Due TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	reaulting In death) LAST
DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PINDINGS AWAILABLE PRIOR TO
ED	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
SC	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1   YES 2   NO   10   NO   NO   NO    1   YES 2   NO   10   NO   NO    1   YES 2   NO   10   NO   NO    1   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO   NO    1   NO   NO   NO   NO   NO   NO   NO   N
HA	27. MANNER OF DEATH  286. DATE OF INJURY  286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED
B	2 Accident Investigation M 1 YES 2 NO
TED	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Bural Route Number, City or Yown, State)
COMPLET	29a. CERTIFIER  (Check only ore)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(s) and manner as stated.  29b. SUSNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)
O BE	Elma Jempos M. D SH # 9735 Innuary pinett 1995
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Eleng Sempos, MD Singi Hospital of Baltimore
	31. DATE FILED (Month, Day, Voor)  32. REGISTRAR'S SIGNATURE  JAN 1 7 1995  July Manufacture
	JAN - 1000 ATT

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000 3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Mains after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILE

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEP CERT	ARTMEN IFICAT					HYGIENE REG. NO.	3		
	1. OECEDENT'S NAME (First, Middle, Last)	ap #	Slavia	ber				2. DATE OF MONTH	DEATH		YEAR 3.	TIME OF DEATH
	11111	1000	B. AGE (In yrs. laskbirthd	ny) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		7	S. BIRTHPL/	Y, OS M
	220-36-0795 1	M 2 🗆 F	YR	MONTHS	DAYS	HOURS	MIN.	(Month, E	2/-3	39	Balte	more MD
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DIRECTOR	Chesapeake Manne Ext. Lare Conker Arnold, M.D. Anne Arundel											
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
	mD Anne	Hrun	del	Anna		. S . ZIP CODE	:			10a CITIZ		YES 2 NO
FUNERAL	975 High Point	Drive			101		401			log. Offiz.	US	
Š	11. MARITAL STATUS 12.		EVER IN U.S. ARMED	13.				IC ORIGIN? (		or No —	14. RACE —	American Indien,
BY F	1 Never Merried 2 Merried  3 Wildowed 4 Divorced	IF YES, GIVE WA				2 1 NO			an, etc./		- 10	white
	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON	16a. DECEDEN	T'S USUAL (	OCCUPATIO	ON .		16b. K	IND OF BUS	INESS/INDL	ISTRY	
LET	Elementary/Secondary (0-12) Co	College (1-4 or 5+)	Ille. Do No	of work done of use retired.,		st or workin	Ŋ	A	rt E			•
COMPLETED	12+ 17. FATHER'S NAME (First, Middle, Last)	4	/e/	achei	e	40 MOTE	JEDIO MAI	ME (First, Mid			ction	n
	Harry Winfie	1d S1	aughter			10. MOT		izab			ttne	r
O BE	19e. INFORMANT'S NAME (Type/Print)			ING ADDRES	SS (Street a	nd Number		Toute Number,			-	
5	Mary Sinclair Slaughter 975 HighPoint Dr, Annapolis, MD21401											
	26a. METHOD OF DISPOSITION  1 Burlal 2 Cremettor 3 Removal from State  4 Donation 6 Other (Specify)											
	21. SECHATURE OF FUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	min /1	11 Inde	1-12-9	25								
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
	ehock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  e. Scollasterus & Brain Recurrent  Interval Between Onset and Death											
	disease or condition resulting in deeth)  Due TO (OR AS A CONSEQUENCE OF):											
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ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEQUENC	E OF):								
H	resulting in deeth) LAST			,								
O	PART II. Other significant conditions of	ontributing to	death but not result	ing in the u	ınderivin	a cause	given in	Part I. 2	4a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
ICA								,	PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MED												YES 2 NO
SICI		IOSPITAL:	ER/Outpatient 3 D	ОТНЕ	R:			6 Cher (	Panalka)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF I	INJURY 26b	TIME OF	26c. IN.		esiderice		RIBE HOW IN	JURY OCC	URED	.,
ВУ Р	1 Natdfal 5 Pending 2 Accident Investigation			М	1 🗆	YES 2	□ NO					
2 Accident 3 Suicide 6 Could not be building, stc. (Specify) 28t. LOCATION (Street City or Town, State)								nd Number	or Rural Rou	te Number,		
LET	290. CERTIFIER	N: To the best of	my knowledge death o	nourred at the	time det	and star-	and do-	to the sour	ofe) and more	not as state	ad .	,
COMPLET	(Check only one) 2 MEOICAL EXAMINER: C											nd menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	A		N	-	29c. LIC	ENSE NUI		,	29d. DATE		forth, Day, Year)
TO B	( Cyluge sts)	Ac	buder	p Uc	ctor		Do	2168	4	•	1-10	0-95
-	30. NAME AND ADDRESS OF PERSON WHO C	AUMPLETED CAUS	E OF OEATH (ITEM 27)	INDA PRICE		-	-					

Print) # 106

GLENBURNIE MD 2106/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA CV-CYRIAC-M-D, 1600 LGOD CRACN GOOD

SENSTRATE SHOWS RANGELL E OF OEATH (ITEM 27) (Typo, PI CRAIN GOY



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dent, of Health and Merital Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be m
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Items# 17.20.b. G-film 719 per F.H 1/17/95 P.C FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN Jan 1995 Smith 10 Walter 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. s. BIRTNPLACE (State or Foreign Oct 27, HOURS 217-16-4025 1 💢 M 2 🗌 F VRS 1921 Ga Se. FACILITY NAME (If not inetitution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3219 Sequoia Avenue Balto RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Md Balto 1XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3219 Seguoia Avenue 21215 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If year apecify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican,

1 YES 2 XIXO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify:Black COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe ndary (0-12) College (1-4 or 5+) 12th Self Employed Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Harold Duvall BE Carrie Wright 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 HAROLD DUVALL 1647 N. Payson Street Balto, Md 21217 20e. METHOD OF DISPOSITION
1 

■ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State VET GARRISON FORWESTS 4 Donation 5 Other (Specify) 11795 OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 WABASH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition cancer resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TODACCO LICE CONTRIBUTE TO CAUCE OF DEATH BY

25. WAS CASE REFERRED TO MEDICAL	26. PLA	CE OF DEATH (	Check only one)			
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4	● 6 ☐ Other (Specify)			
27. MANNER OF DEATN    Natural 5 Pending   Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE NOW INJURY OCCURED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, stree	t, factory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)		

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the ceuse(e) and menner as atteted.

2 MEDICAL\_EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

	3		
COMMUNICATION THE OF CONTINUES	Desdent Physician	29c. LICENSE NUMBER	29d. DATE SIGNED (Month) Day, Year)

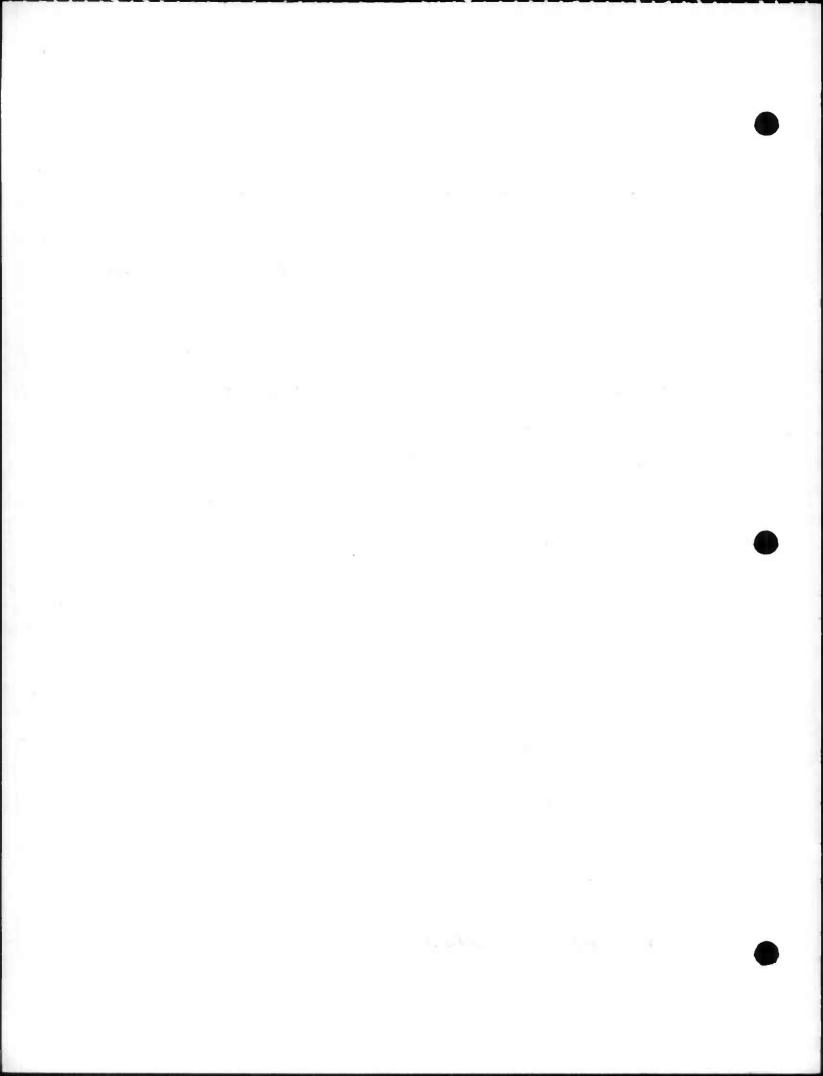
WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Yes **JAN 17** 

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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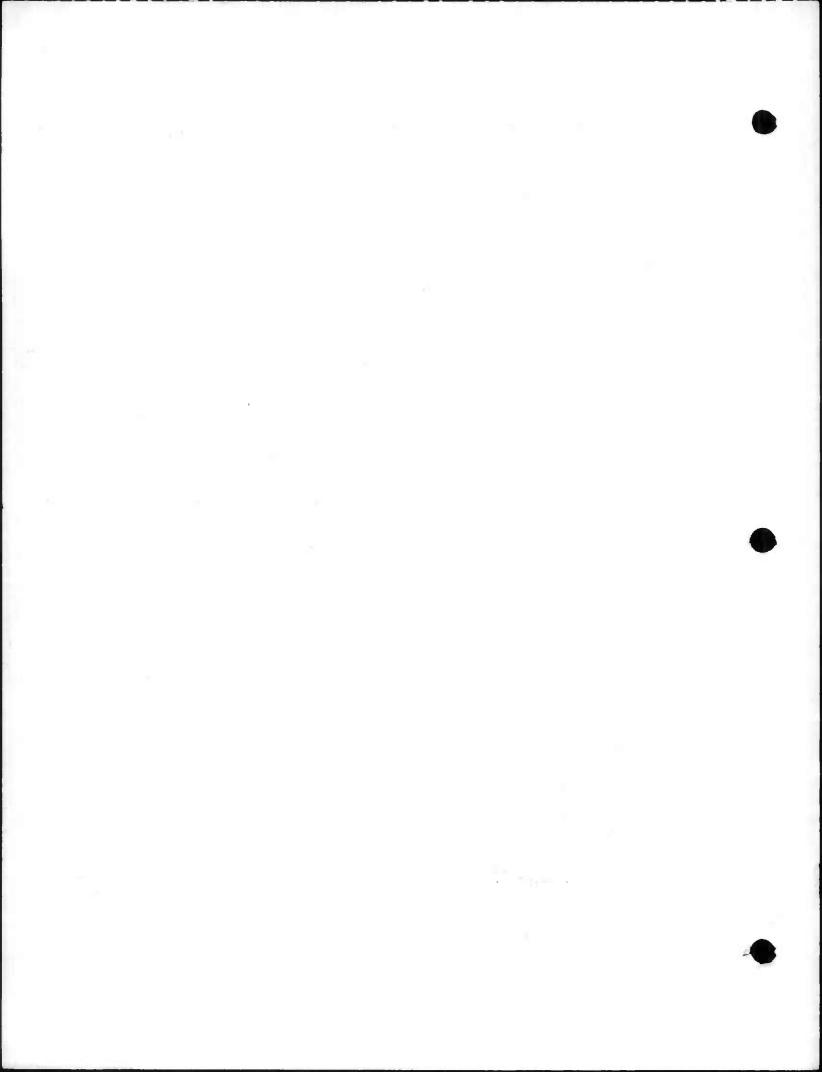
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
- 7	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH					
9	Marquerite	M	Schm	idt	January 13	1995 12:19 A M					
	4. SOCIAL SECURITY NUMBER			NDER 1 YEAR IF UNDER 24 HR	s. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
1	215-01-4006	1 - M 2 X F	38 YRS. MON	THE DAYS HOURS MIN	1	1906 Baltimore					
	9e. FACILITY NAME (If not institution, give s	treet and number)	9b.	CITY, TOWN OR LOCATION OF		c. COUNTY OF DEATH					
DIRECTOR	Union Memo	orial Ho	spital	Baltim	ore City						
2	10e. STATE 10b. COUNTY	r	10c, CITY, TO	WN OR LOCATION		10d. INSIDE CITY					
5	Md		- Bal	timore		LIMITS?  DY YES 2 NO					
	10e. STREET AND NUMBER		- Dur	101. ZIP CODE	1	0g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3100 St. Paul	St.		21218	8 // 5 4						
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HIS	MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.   14						
	1-K Never Married 2 Merried	FORCES? 1 YES		If yes, specify Cuben, Me		Black, White, etc.  Specify: f/l / . ,					
84	3 Widowed 4 Divorced	2.00			· ·	Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S USUA (Give kind of work of	lone during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use reti	ed.)	,	C 11 00 1					
MP			Chemist	ITHU	Youche	n College&Johns					
8	17. FATHER'S NAME (First, Middle, Last)										
BE	Otto Schmidt				garet Massi						
6	19e. INFORMANT'S NAME (Type/Print)		l l		rel Route Number, City or Town, S						
	Mr. James Welc		1533 Sec	and St. Ar	onanolis Md	21403					
	20e. METHOD OF DISPOSITION  1X☐ Buriel 2 ☐ Cremetion 3 ☐ Reme		PLACE AND DATE OF DIS	SPOSITION (Name of							
	4 Donation 5 Other (Specify)			om.	1/16 Bal	to., Md.					
	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE		22. NAME AND ADDRESS OF	FACILITY	/ //					
	Harley	Tille		7527 Hans	Ller Funer and Rd. Bal	al nome					
	23. PART I. Enter the diseeses, once	compilcations that cause	the deeth. Do not e	ntar the mode of dying, s	such as cardiac or respirat	to. Md. 2/234 ory arrest, Approximate					
	ahock, or heart fellure.	List only one ceuse on e	ech line.		econius es ecu mana	Interval Between Onset and Death					
	IMMEDIATE CAUSE (Finel disesse or condition	Carolin		Charle		Onset and Destn					
- 1	resulting in death)	B. COVALO	CONSEQUENCE OF):	Shock		5 days					
_				stress		5dais					
<u></u>	Sequentially list conditions,	Sequentially list conditions, DUE TO (IR AS A CONSEQUENCE OF).									
¥	If any, leading to immediate cause. Enter UNDERLYING	· Myoca		nfaction	)	5 2005					
RTIFICATION	CAUSE (Disease or Injury that initisted events		CONSEQUENCE OF):	11.1001101		Jacq-					
=	resulting in deeth) LAST	d.									
CE	PART II Other electricant assistant										
⋠╽	PART II. Other significent condition	s contributing to deeth b	ut not resulting in th	e underlying ceusa given	In Part I. 24s. WAS AN AU PERFORME	O? AVAILABLE PRIOR TO					
MEDIC	Obosity				1 D YES 2	NO COMPLETION OF CAUSE OF DEATH?					
						1 TYES 2 TO NO					
ÿ	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES [	□ NO □ UNCERT	AIN X						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	neck only one)							
PHYSICIAN:	1 YES 2 NO	1 of impetient 2   EH/Outp		HER: Nursing Home 5 - Reelden	ce 8 Other (Specify)						
됩	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJU	JRY OCCURED					
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO							
EDE	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, street,	lectory, office	261. LOCATION (Street end City or Town, Stete)	Number or Rural Route Number,					
2	4 Homicide determined				, a						
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred at	the time, date end place, end	due to the cause(s) end manner	r oo stated,					
COMPLET						ue to the ceuse(s) end menner es stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE		Pd. DATE SIGNED (Month, Day, Year)					
ם	1.CASTZ	Dno		290. EIGENSE	NOMBER 2	1. 13. 9 5					
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Print.			1.13.13					
	JOSE CASTRO			Paulling ;	BALTITURE,	MD 2121 8					
	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SIGN	ATURE	,							
	JAN 17 1995 A	ali d'indear Ra	dall								
	91111										



1 - FOR STATE REGISTRAR

		ANNA EHEL Ruth	SMITH		2. DATE OF DEATH	95	01 30 A
Pja		410-44-4091 1□ M 2 対 F	O.3 YRS.	IVS HOURS MIN.	June 24. 193	1 Ten	nesse
. 2, 3 should	СТОВ	9a. FACILITY NAME (If not institution, give street and number)  Hopkins Bayview Hospital RESIDENCE OF DECEDENT	9b. CITY, TO	Baltimore		9c. COUNTY OF DE	ATH
it. Pages 1.	DIREC	10a. STATE Md. 10b. COUNTY Harford	10c. CITY, TOWN OR L	OCATION Kingsvil	le		10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. ansit permit.	IERAL	100. STREET AND NUMBER 702 Karen Drive		101. ZIP CODE 21087		109. CITIZEN OF W	HAT COUNTRY?
1215-0020 or attending physician. r use as the burial-transit	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 ⊠NO If ye	DECENDENT OF HISPANIC 8, specify Cuben, Maxican, YES 2 NO Specify:	ORIGIN? (Specify Yea o Puerto Rican, atc.)		- American Indian, Whita, atc.
4 E	PLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16e. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)		166. KIND OF BUSIN	rmick	
A the del at the	i iii	8th  17. FATHER'S NAME (First, Middle, Lost)  Milum / Greene	Packaging		: (First, Middle, Maiden Su che1 Vauc	imame)	
No S S S		19a. INFORMANT'S NAME (Type/Print)  Vivian Brown	196. MAILING ADDRESS (Str 820 Pecan		ute Number, City or Town. air Marylar	- 13.2 (1)	4
rector.		1 XBurial 2 Cremation 3 Removal from State cemel	PLACE AND DATE OF DISPOSITION (tery, cremetory or other place)  JKINSCOUNT VMC		s1/19/95 s	Surgains	
. 0 = -		PR TIME	/// Conn	elly Funera	al Home of		d 21221
within rours within cours relation, or re		23. PART i. Enter the diseases, or completions that caused ehock, or heert fallure. This only one cause on earliest cause or cause on earliest cause or condition resulting in deeth)  DUE TO (OR AS A C	CONSEQUENCE OF):	mode of dying, such	ne cardiac or reapira	lory arrest,	Approximate interval Batween Onset and Dasti
certificate be execunding physician and Hygiene prior to bury or other traumatic	TIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):				
requires that the death een signed by the attent of Health and Mental H shows any injury, or	DICAL	PART II. Other significant conditions contributing to death but			PERFORMI	NO NO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
T THE PERSON NAMED IN		DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DEATH YES NO  a. PLACE OF DEATH (Check only  OTHER:				
And the certification of the certification of the China certification of th	PHYSICIAN	1 VES 2 NO 1 Pending 28. DATE OF INJURY  27. MANNER OF DEATH  1 D. Netural 5 Pending	tient 3 DOA 4 Nursing  26b. TIME OF 18b. Nursing	WORK?	Other (Specify)	URY OCCUREO	
TEMPING STORY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STARY OF THE CANAL STAR	ED BY	2 Accident Investigation	- At home, farm, street, factory,	TES 2 NO	61. LOCATION (Street and City or Town, State)	Number or Rural Ro	oute Number,
AL ORA AL DIREC 72 hours If them	COMPLET	29a. CERTIFIER (Check only one)  2 INCOME DAMES ON THE BEST OF THE					
TO THE HOSPITAL TO THE FUNERAL Se fied within 72 IMPORTANT. II	BE	290. SIGNATURE SUD TILE OF CONTINUE	HISTIAN	29c. LICENSE NUMBI		end. DATE SIGNED (	
)	2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	1011141			
		31, DAYE FIRED MYONID DON 1601) JAN I 1995 Julia d'involor Randall	TURE	-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020 I THE ATTACHMENT PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSE OF THE MAN PHYSICIAN: The law requires that the death certificate be executed within or frouts after death. Page 6 may be retained by the hospital or attending physician.

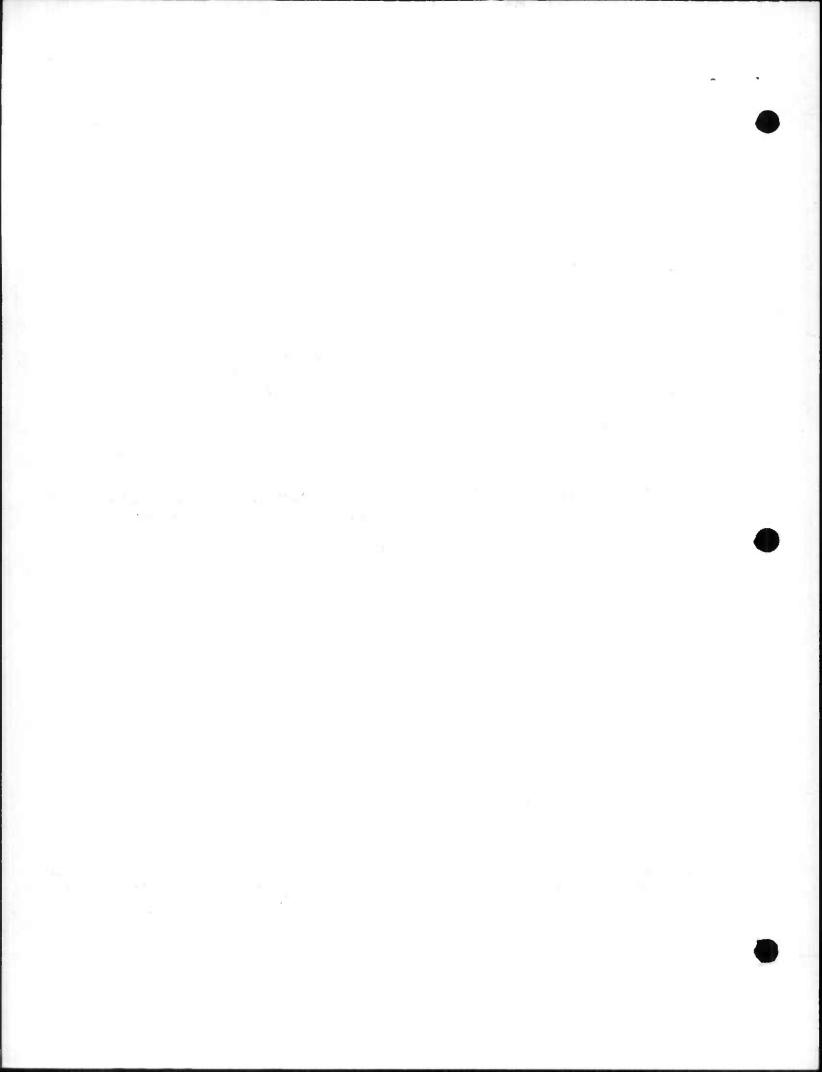
TO THE PLINEAR UNESTINE AND THE THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTARY: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las	10)							2. DATE OF				3. TIME OF DEATH
	JAN	ES FRANKI	IN SWE	ET					MONTH JA	N 11	1995	YEAR	8:21 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, I	BIRTH		8. BIRTH	PLACE (State or Foreign
	377 - 42 - 0478  9s. FACILITY NAME (If not institution, give	1 🔀 M 2 🗌 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	02,	1942	Ohi	
1					9b. CITY	r, TOWN	OR LOCATI	ON OF OR	EATH		9c. COU	NTY OF D	EATH
DIRECTOR	National Naval M	edical Ce	nter		Bet	hesd	la				Mon	tgome	ery
l Ä	10e. STATE 10b. COUN			10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Virginia Arli	ngton	_	Arl	ingt	on							1 X YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
E E	2356 South Pierc	e Street				_ 2	2202				US	A	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDED	NT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN? (	Specify Yes	or No-	14. RACE Black	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				2 X NO					Specif	y:
	15. DECEDENT'S EC		- 1994	DECEDENT'S	HSHAL O	CCUBATIO	DN .		T see V	IND OF BU	CINIECO (IAI)	Metry	White
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5	100	(Give kind of life. Do NOT u.	work done	durina mo	st of worki	ng	100. K	IND OF BU	SINESS/INI	JUSTRY	
길	Lienternary/Secondary (0-12)	4 Years		vernm	ent (	Cont	ract	or	11.5	S. Go	77 T+	Sur	eillance
ō	17. FATHER'S NAME (First, Middle, Last)			7 0212		00110	_		ME (First, Mid			Dur	CITTAINCE
BE C	Charles Sweet						Ula	Ver	neal 1	last i	nas		
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a			Route Number,			Code)	
F	Cynthia C. Sweet			2356	Sout	h Pi	erce	St.	Arli	ngton	, Vi	rgini	a 22202
	20s, METHOD OF DISPOSITION 1 Buriel 2 & Cremetion 3 Re	movel from State		CEAND DATE	OF DISPOS	SITION (Na			OATE	_		City or To	
	4 Donation 5 Other (Specify)		Metr	co Cre	mato	ry,			1/12	Cat	onsv:	ille,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)	/				deon		ciuty eral !	Homo	D A		
	Now At Jay	Louly	T										nd 20707
	23. PART I. Entar the diseases, o shock, or heart fallure	r complications the	at caused tha	death. Do i	not anter	tha mo	da of dy	ing, auci	h aa cardla	c or rasp	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	e. List only ona car	use on aach II	ma.									Interval Between Onset and Daath
	disease or condition resulting in death)	BR	AIN STI	EM HEM	IORRH	IAGE							
		DUE TO	OR AS A CON	SEQUENCE O	F):								
NO	Sequentially list conditions,	b											
A	If any, leading to immediata cause. Enter UNDERLYING	DOE TO	OR AS A CON	SEQUENCE O	r):								
임	CAUSE (Disease or Injury that initiated events	c. DUE TO	OR AS A CONS	SEQUENCE O	F):								<del> </del>
CERTIFICATION	reaulting in death) LAST	d.											
	DART II Other elemificant conditi		death but a	h 100 - 100									
MEDICAL	PART II. Other algnificant condition	ons contributing to	daath but no	t reautting	in tha ur	noariying	g causa (	given in	Part I.   2	la, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă							_		_	X YES 2	□ NO		OF DEATH?
	DID TODA CCO LICE COAL	70101177777				=							1 TES 2 XNO
PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	IKIBUTE TO CA		ACE OF DEA		_	JUNC	ERTAIN	<b>и</b> Ц				
S	EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHE	R:							
H	27. MANNER OF DEATH	1 Nopetlent 2		28b, TIM		sing Hom 28c. INJ		aldence	6 Other (S		N HIRV OC	CUREO	
	1 Natural 5 Pending	(Month, L	Day, Year)		IURY M	WO	RK? /ES 2	NO	200. 52001	IIDE IIOII (		CONEO	
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not b	28s. PLACE C	OF INJURY — At	home, farm,	street, faci				28f. LOCATI	ON (Street I	and Number	or Rural R	oute Number,
ĮĮ.	4 Homicide datermined	- building,	, atc. (Specify)						City or	Town, State)			
12	29a. CERTIFIER (Check only 1 X CERTIFYING PHY	SICIAN: To the best of	f my knowledge,	dasth occurr	ed at the t	lme, data	and place	and due	to the cause	(a) and mar	ner ee ete	ad	
COMPLETED													and manner as stated.
	296. SIGNATURE AND THE OF CERTIF		7					ENSE NUM					(Month, Day, Year)
BE	Calley	1	- )							(774)	<b>&gt;</b> //	OT	295
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF OEATH (I	<b>ТЕМ 27)</b> (Туре	, Print)				0428 NAVA		TCAT	CENT	TER
	R. R. MOQUIN,	LCDR, MC,	USNR						MD 2				LLIK
1 1	31. DATE FILED (Month, Day, Year)	32 BEGISTRA	ADIS SIGNATURE	-							5000		
1	1 100		1 11										
	IAN 1 7 1995 Ju	32. REGISTRA	Randall										



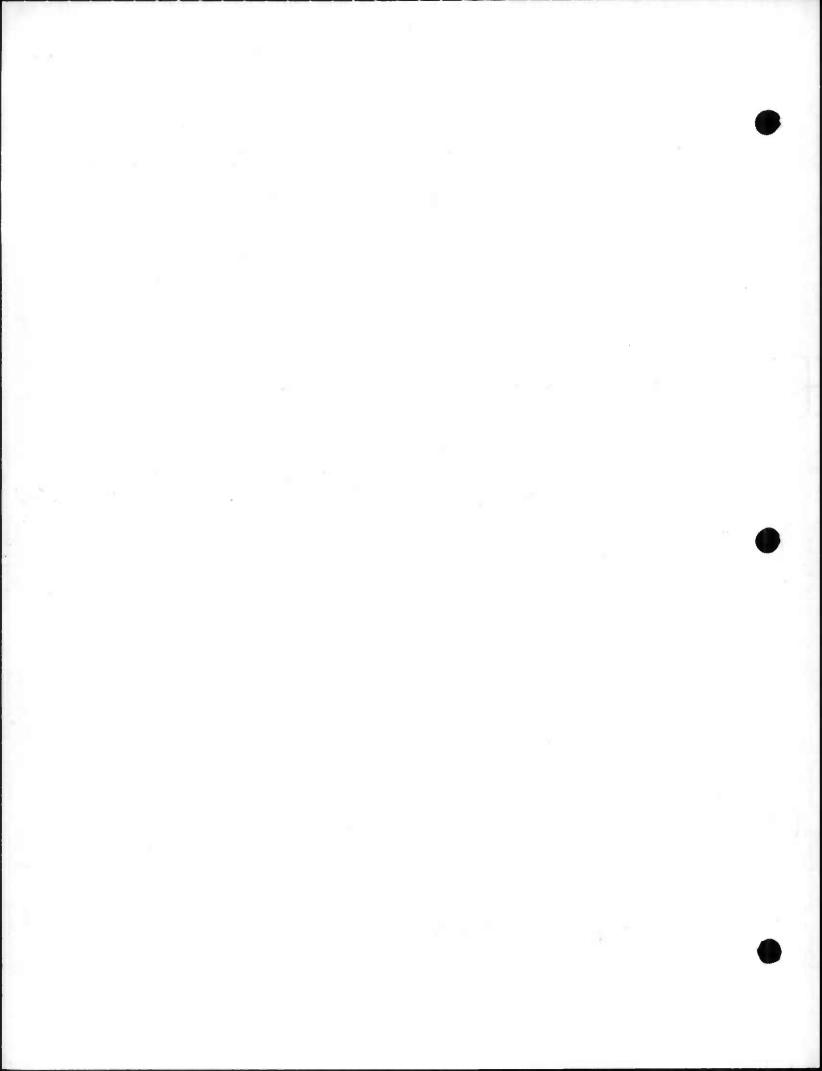
		permit. Pages 1, 2, 3 shou		
1215-0020	or attending physician.	r use as the burial-transit		
BALTIMORE, MARYLAND 21215-0020	e retained by the hospital	5 should be detached to		needliffed of some
BALTIMORE,	after death. Page 6 may b	y the funeral director, page	sowii.	and passed manufactured has
	hours	lled in b	A, Or RE	-
OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	all this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	with the State Dept. of Health and Mental Hygere prior to burial, cremation, or removal.	Sad or llam 25 shows one falcon as after branching assemble assembled assembled as the same has a second as the same has
OF	PHYSIC	this cer	with th	- pushe
Noisi	мерения придука	AL DIRECTOR AREA	Manage of the closest	16 Hasse 22 le cen-
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 1 M 2 - F No. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 106. COUNTY 10d. INSIDE CITY 1 YES 2 NO FUNERAL ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Ruban, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: AS DECEDENT EVER 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. IF YES, GIVE WAR OR DATES 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTR College (1-4 or 5 ») BE 2 complications that caused the death. Do not ente ook, or heart failure. List only one nterval Betwe IMMEDIATE CAUSE (Final disease of condition Onset and Death resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Ouipatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, larm, atreet, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data end place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On th and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as 296. SIGNATURE AND INTE OF CERTIFIER 29d. DATE SIGNID (Mor

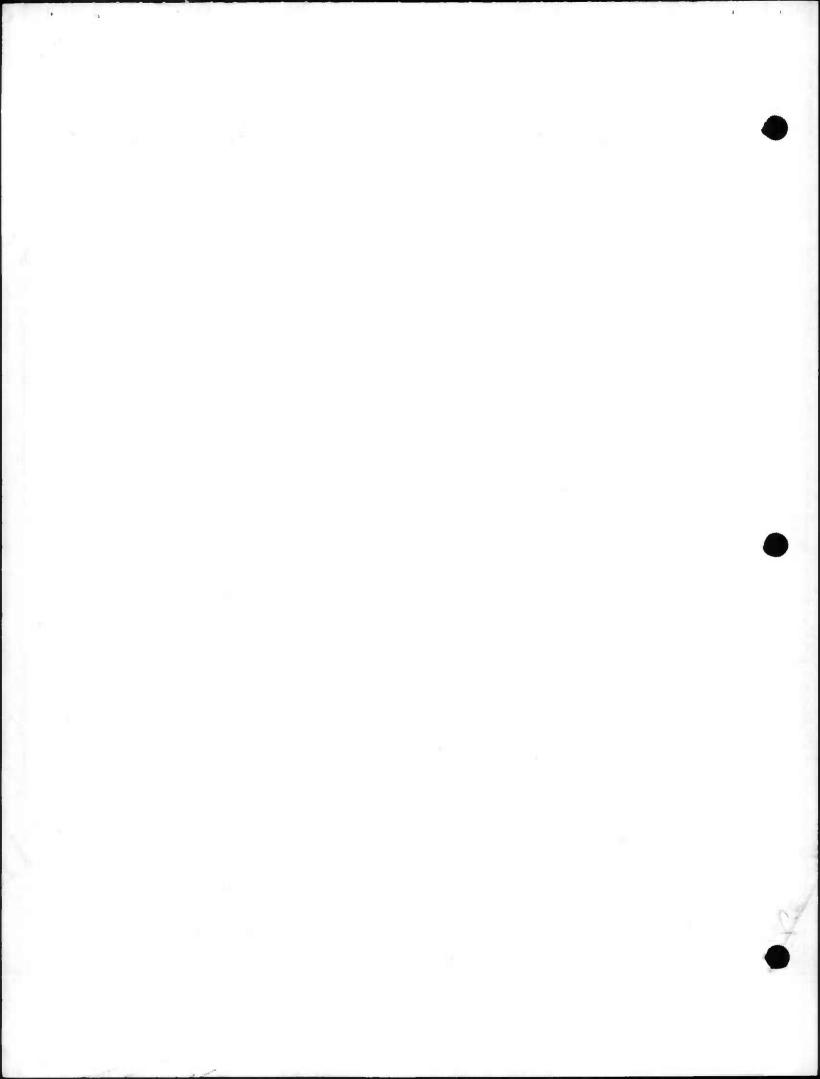
BE 222 2 30. NAME AND ADDRESS OF LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1995 SHEET COUNTY

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DIVISION OF VITAL RECORDS, P.O. I	6
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lagt)  E Q; th	Freel		Sa	chs	<u>Or</u>	DEA		REG. NO  2. DATE OF DEATH MONTH	DAY	YEAR 95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-22-4770	5. SEX	6. AGE (In yrs. Is 85	est birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 29		a gurre	PLACE (State or Foreign MARYLAND
стоя	98. FACILITY NAME (If not institution, give MERCY HOSPITAL	street and number)			96. CITY, 1 BA	LTI	MORE	ON OF DE		_	NTY OF D	
DIRECT	10a. STATE 10b. COUNT MARYLAND	Υ		10c. CIT	y, town on LTIMO	LOCAT ORE	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3615 FORDS LA.,	#505				101	ZIP COO	15		10g. CIT	SA OF W	HAT COUNTRY?
D BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE	YES 2 X	RMED NO	16	yes, spe			IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	Black	— American Indian, Whita, atc.
COMPLEIEL	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(0	Give kind of the Do NOT us ALESW	USUAL OCC work done du le retired.) OMAN	CUPATIO	DN st of workin	g	16b. KIND OF BU			OTHING)
	17. FATHER'S NAME (First, Middle, Lest) MEYER	FREEDM	IAN				16. MOTH	SARA	ME (First, Middle, Maider	Sumame)		
IO BE	19a. INFORMANT'S NAME (Type/Print) MRS. ANNETTE CHAI	NDLER	11		ADDRESS (				POTOMAC			4
	20a. METHOD OF DISPOSITION  1XX Burial 2 Cremation 3 Ham  4 Donation 6 Other (1)  21. SIGNATURE OF EMPLIFIEL SERVICE LIE		20b. PLACE cemetery S ANS	HE EN		1	/12/		В	ALTIM		
	· fm f	1	nesa,	_	60	010	REIS	TERI	& BROS.,	BALTO	-	D 21215
	23. PART I. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	LACE	Faile	re_	•						Approximate Interval Betwee Onset and Dec
EKIIFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	. Chro	OR AS A CONSE	SOUENCE OF	Cor	Si ve	P	Imo	sathy nary D	lisea	50	Us know Us know
MEDICAL CE	PART II. Other significent condition	na contributing to	death but not	resulting (	n the und	erlying	ceuse g	iven in I	Part I. 24a. WAS AF PERFO 1 TYES	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER:			,	ick only one)			
ВУНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY	28b. TIM		Bc. INJU	JRY AT		6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, a	treet, factor	y, offica			26f. LOCATION (Street City or Yown, State	and Number	or Rural A	oute Number,
COMPL	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE											and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	west	MD				P P	O/	877	29d. DATI	SIGNED	(Month, Dey, Year)
_ 11	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATN (ITE				L				7	
	Thoses Ke Murry A	10 301	ST. Past	Pla	ce, f	a/1	Imo	re,	MD 212	202	-	



Illis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

ned, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPL

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS	WIG PHYSICIAN: The law requires that the	wis certificate has been signed by the	if with the State Dept. of Health and M	23 shows any in
OF VITA	PHYSICIAN: The	mis certificate h	with the State	ried, or item
DIVISION	Ĭ	RECTOR-	Sund 22 u	IMPORTANT: If tem 28 is marked, or Item 23 shows any inju
	TO THE HOSPITAL OR	TO THE FUNERAL	be filed within 72	IMPORTAN

FOR

1 - REGISTRAR	1127777777	CERTIF	ICATE OF	DEATH	F	REG. NO.	h	
1. DECEDENT'S NAME (First, Middle,	Last)	· · · · · · · · · · · · · · · · · · ·			2. DATE OF	DEATH	META	3. TIME OF DEATN
MATHILDA		SILVER			JAN.		,1995	11:05 Pm
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF	BURTH	8. BIRT	THPLACE (State or Foreign
217-32-8475d	1 🗌 M 2 💢 F	94 yrs.	MONTHS DAYS	HOURS MIN.		15,1		USSIA
98. FACILITY NAME (If not Institution, NORTH OAKS HE	*			OR LOCATION OF DE	EATH		9c. COUNTY OF BALT	IMORE
RESIDENCE OF DECEDER								
	DUNTY LTIMORE		Y, TOWN OR LOC. ALTIMORE					10d. INSIDE CITY LIMITS? 1 TES 2 NO
100. STREET AND NUMBER 725 MT. WILSO	N LANE		1	01. ZIP CODE 21208			10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS		IT EVER IN U.S. ARMED	1 40 444 0 00					
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO	if yes, s	CENDENT OF NISPAN pecify Cuben, Maxica S 2 XNO Specify	n, Puerto Rice		Bia	CE — American Indian, ck, White, atc. city: WHITE
15. DECEDENT' (Specify only highes	S EDUCATION	18a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIP	ID OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life On NOT us	work done during n se retired.)	iost of working				
12th.		HOUSEV	VIFE			AT	HOME	
17. FATHER'S NAME (First, Middle, La	st)			18. MOTNER'S NA	ME (First, Midd	le, Maiden S	urname)	
MORRIS	RABKI	N		SAR	AH		ZALFIND	
19a, INFORMANT'S NAME (Type/Print				and Number or Rural I				
MRS. SHELDON E	RAITERMAN		PUFIELD	RD. ,BA	LTO.,M	υ <b>.</b> 21	.210	
20s. METHOD OF DISPOSITION  1 OF Surfal 2 Cremetter 3 C	Removal from State	20b. PLACE AND DATE Cometery, crematory or of BALTIMORE	of Disposition ()		DATE		ATION — City or 1	
21. BIGHATURE OF UNERAL SERVE		BALTIMORE		1/13/9		REI	STERSTO	WN, MD.
Malt	Down		SOI	LEVINSO	N & BR	OS.,1	NC.	MD. 21215
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate	sDUE TO	(OR AS A CONSEQUENCE OF	FJ:	ode of dying, suc	h es cardiac	or respin	story arrest,	Approximate Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	d	(OR AS A CONSEQUENCE OF						
PART II. Other significant con DEMENT	_	death but not resulting i	in the underlyli	ng ceuse given in		PERFORM	AED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CO	ONTRIBUTE TO CA	USE OF DEATH YE	S NO	UNCERTAIN	V 🗆			
25. WAS CASE REFERRED DO MEDIO EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	N (Check only one	)				
1 TYES 2 NATO		ER/Outpatient 3 DOA		me 5 🗆 Residence	8 Other (Sp	pecify)		
27. MANNEY OF DEATN  1 Netural 5 Pending 2 Accident Investig			URY	JURY AT ORK? YES 2 NO	28d. DESCR	BE HOW IN	JURY OCCURED	
2 Accident Investig 3 Suicide 8 Could n 4 Homicide determin	28e. PLACE O	F INJURY — At home, ferm, a etc. (Specify)	street, factory, offi	ce		N (Street an own, Stete)	d Number or Rural	Route Number,
		my knowledge, death occurre xamination end/or investigatio						(a) and manner as stated.
29b. SIGNATURE AND	\			D Z	18ER 569		29d. DATE SIGNE	D (Mooth, Day, Year)
30. NAME AND ADDRESS OF PERSON	EMAN, N	SE OF DEATH (ITEM 27) (Type,	REIST	TERSTOU	NR	がまる	365, Pi	KESUI E MI
JAN 1 7 1995	July 22 pediar PA	R'S SONATURE					)	

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FIGURE PRESIDENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The first interpretable has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to burial hygiene prior to burial, cremation, or removal.

The market, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEH	HIFIC	AIL OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) REBECCA	SIN	GER				2. DATE OF DEATH DATE OF DAT	,199	YEAR	3. TIME OF DEATH 5:00P M
	4. SOCIAL SECURITY NUMBER 217-62-0007	5. SEX 1  M 2  F	3. AGE (In yrs. last bir		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 25,1			PLACE (Stata or Foreign POLAND
OR	90. FACILITY NAME (If not institution, give st SINAI HOSPITAL	reet and number)		9b		OR LOCATION OF DE		_	ITY OF DE	
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND 106. COUNTY		10		TIMORE					10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6807 PARK HEIGHT	S AVE.,AP	T.4-L		10	1. ZIP CODE 21215		10g. CITE		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 FYES, GIVE WAI	EVER IN U.S. ARMEC YES 2 NO R OR DATES	0	If yes, sp	CENDENT OF HISPAN secify Cuben, Mexican 3 2 NO Specify		or No-	14. RACE Black, Specify	- American Indian, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECED	ENT'S USU	IAL OCCUPATI done during me tired.)	ON ost of working	16b. KIND OF BUS	SINESS/IND	USTRY	***************************************
COMPLETED	Elementary/Secondary (0-12) 12th.	College (1-4 or 5+)		NOT use red SEWIF			AT HC	ME		
	17. FATHER'S NAME (First, Middle, Last)  JACOB	PUZNIACK				18. MOTHER'S NAI SURA	ME (First, Middle, Melden	Sumame)		
TO BE	199. INFORMANT'S NAME (Type/Print) MR. DAN POLLACK		19b. M.	.O.BC	DRESS (Street OX 5970	and Number or Rural R. D. BALTO.	houte Number, City or Town, MD. 21208	n, State, Zip	Code)	
	20e. METHOD OF DISPOSITION t Burlet 2 Cremetton 3 Remo	oval from State	20b. PLACE AND COMMETTER JA			EGATION 1	0ATE 20c. LOC /15/95 FI	NKSBU	-	
	21. SIGNATURE OF PUNERAL SERVICE LIC	Loo	111010		22. NAME A SOL I	ND ACCRESS OF FAC JEVINSON			, MD.	21215
	23. PART I. Enter the diseases, or c shock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line.			ode of dylng, auch	aa cerdiac or reepi	ratory arre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditione,	PNEU	MON A	NCE OF):		1 texet	INFERIOR	J.l.		
	PART II. Other significent condition	contributing to d	eath but not reeu	iting in th	ne underlyin	g cause given in I	Part I. 24s. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINOINGS
EDICAL	Hyperosmolar	non-ket	otic star				PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ		retes me					- / l		1	YES 2 NO
ž	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DEATH	YES		UNCERTAIN	ı 🔯 📗			
§ 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE O	F DEATH (C	check only one)					
S	1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   8	R/Outpetlent 3 🗀 t		HER:	ne 5 🗌 Reeldencs	B Cher (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF IN (Month, Day,	IJURY 26 Year)	b. TIME OF	28c. INJ WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW IF	JURY OCC	URED	
TED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At home, c. (Specify)	farm, street	t, factory, offic	•	28f. LOCATION (Street & City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLET							to the cause(e) end men			
BE CO	2 MEDICAL EXAMINES  29b. SIGNATURE AND TITLE OF CERTIFIER				/ 1	29c. LICENSE NUM				Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	Medice- OF DEATH (ITEM 27	) (Type, Prin	()	11-	0286	1	161	75
	ANILK. DUBE	77		tosp	of Ba	ITIMOJE!	Baltiman	e,M	D	
	JAN I 7 1995 g	32. NEGISTYAR	rhandell							

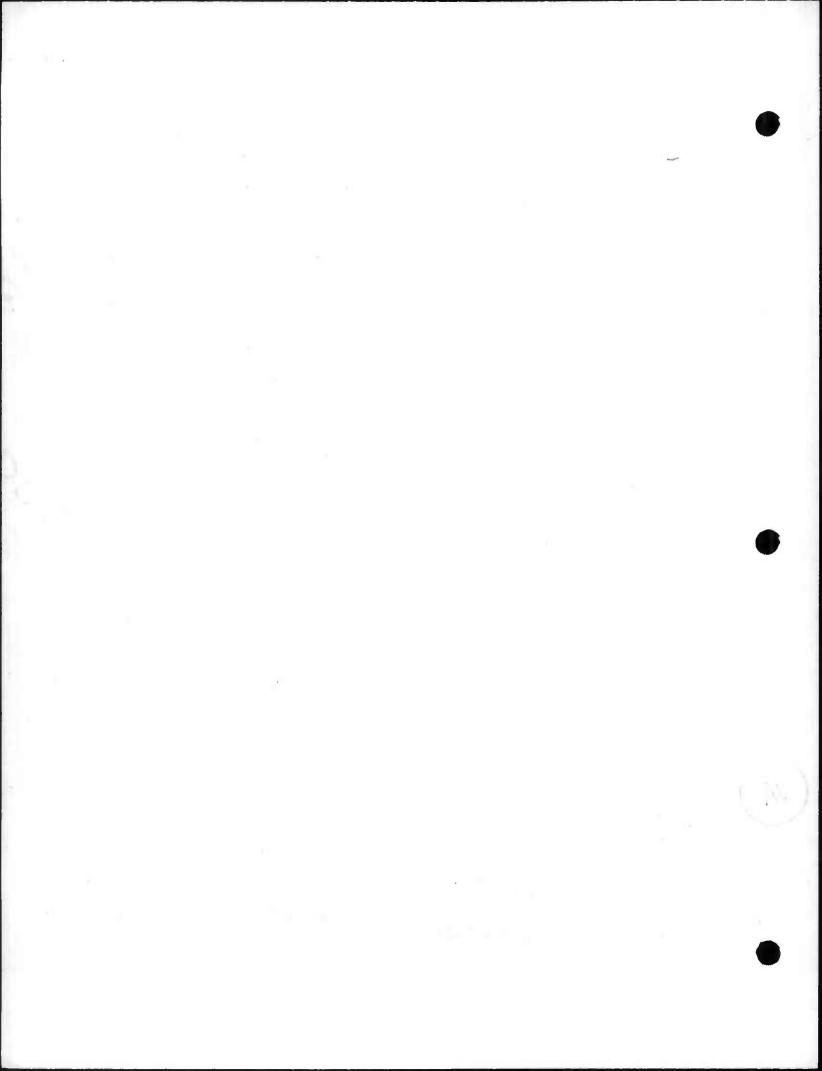
TO THE HOS TO TO THE FUN be filed with

BALTIMORE, MARYLAND 21215-0020 VISTAN OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL ON STENDING PROPERTY. The law regards that the death certificate be encluded with received with resolution and resolution of the standard of the standard stan

	FOR
	FOR STATE REGISTE
	1. DECEDENT'S
ı	IRV
ı	4. SOCIAL SEC
1	<b>219</b>
1	9a. FACILITY N
-	1018
	10a. STATE
L	Mary1
ı	10e. STREET A
	1018
	11. MARITAL ST
ı	Never Mar
L	3 Widowed

	REGISTRAR			ERITE	ICALE	OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)	•						2. DATE OF DEATH			3. TIME OF DEATH
	IRVINA ELIZ	ABETH	SWANN					JAN. 09	,199	5 YEAR	07:15 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	,		IPLACE (State or Foreign
	219-52-7296	1 M 2 F	47	YRS.	MONTHS	DAYS	HOURS MIN.	(Morth, Day, Year) Mar. 22	104	Counti	(Y)
	9a. FACILITY NAME (If not institution, give :	street end number)	4/		9b. CITY	. TOWN (	OR LOCATION OF D			UNTY OF D	_
Œ											
DIRECTOR	1018 PALMER RI	J			roi	L W	ashing	2011	PR	INCE	E GEORGES
Ä	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION	-			10d. INSIDE CITY
D	Maryland Prin	ce Geor	aes	For	t W	ash	ington				LIMITS?  XX YES 2 NO
7	10e. STREET AND NUMBER						. ZIP CODE		10a, CF	TIZEN OF V	VHAT COUNTRY?
FUNERAL	1018 Palmer Ro	ad Apt.	3				20744			USA	
ž	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13.1	WAS DEC		NIC ORIGIN? (Specify Y	n or No		4212 - 122
	1 Never Married 2 Merried		YES 2		- 1	f yes, sp	ecify Cuben, Mexico	en, Puerto Rican, etc.)	8 Or NO —	Biaci	E — American Indian, t, White, etc.
BY	3 Widowed 4 Divorced	IF 163, GIVE W	AN ON DATES		'	I YES	2 X NO Speci	у:		Speci	w Black
유	15. DECEDENT'S EDU		16e. D	ECEDENT'S	USUAL OC	CCUPATIO	ON	16b. KIND OF BU	SINESS/IN	IDUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	, in	Give kind of v e. Do NOT us	vork done o e retired.)	during mo	st of working				rmv
릴	2	Years	É1€	ectro	nic	Te	chnicia	Walter an Medica	1 F	acil	ity
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maide	Surname)		-
	Irvin lewis						Ruth	Thornton	1		
BE	19a, INFORMANT'S NAME (Type/Print)		1	Pb. MAILING	ADDRESS	(Street a	nd Number or Burni	Bouts Number City or To	un State 7	In Cade)	210/13
임	Tia Kish Sanch	lez	] 3	3202	Nor	man	dy Wood	Route Number, City or To	llic	ott	City, Md
	20e. METHOD OF DISPOSITION		_	AND DATE O	_						700
	1X Burlet 2 Cremation 3 Rem	ovat from State	cemetery, ci	ematory or of	her place)			1/14/95"	CATION -	- City or To	wn, State Wn, Md
- 1	21. SIGNATURE OF FUNERAL SERVICE ME	cariner	King	<u> Men</u>			Park  D ADDRESS OF FA				
- 1	1 01				- 1			5240			stown Rd
	Serry Tra	no			Ch	atm	an-Hari	ris F/H	Ba1	timo	re, Md2121
	23. PART LEnter the diseases, or shock or haert failure.	complications that List only one caus	caused tha d	eath. Do n	ot enter	the mo	de of dying, suc	h as cardiac or reas	iratory a	rrest,	Approximate intervsi Between
- 1	IMMEDIATE CAUSE (Final		10 MIT 172								Onset and Death
	disease or condition		Lobo	n 4	neu	mon	Na				
	Constitution of the consti	DUE TO	OR AS A CONSI	OUENCE OF	):						
Z	Sequentially list conditions,	b									
ĔΙ	if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	7):						
CERTIFICATION	CAUSE (Disease or injury	C									
ĔΙ	that initiated events resulting in desth) LAST	DUE TO	OR AS A CONSE	OUENCE OF	7:						
#		d									
2	PART II. Other significant condition	ns contributing to	death but not	reaulting i	n tha un	derlying	cause given in	Part I. 24s. WAS AF	AUTOREV	246	WERE AUTOPSY FINDINGS
EDICAL	Alana	clerotic	Carlo	IVaAU	.0.	. 1 3	Seas	PERFO	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	E.H.		Christin	NUAL	wen	41	Statue	1 DYES	NO 🗌 S		OF DEATH?
Σ	Fatty	Liver									1 YES 2 NO
Ž	DID TOBACCO USE CONT	RIBUTE TO CAI					UNCERTAI	N E			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	OTHER						
XSI	1 X YES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient	DOA			5 X Reeldence	8 Other (Specify)			
표	27. MANNER OF DEATN	28e. DATE OF (Month, Da	INJURY ly, Year)	28b. TIMI	OF	28c, INJ	JRY AT RK?	28d. DESCRIBE NOW	INJURY OC	CURED	
À	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 NO				
ED	3 Suicide 8 Could not be	28e. PLACE Of building.	FINJURY — At h	ome, farm, s	treet, tecto	ory, office		28t. LOCATION (Street City or Town, State	and Numbe	or Rural A	oute Number,
	4 Nomicide determined							Ony or rown, State			
ا ڌ	29a. CERTIFIER (Check only 1 CERTIFYING PNYSI	CIAN: To the best of	my knowledne d	eath occurre	d at the ti	me dete	and place, and due	to the squarfel and an		i.e.	
COMPLET								time, date end place, e			and amount in mark
. 11			2001027		.,, 01				~ OUB 10 [	ind CHUSO(0)	with mainter as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	0 00 1					29c. LICENSE NUI	MBER	29d. DA		(Month, Day, Year)
2	Herris	() Churt	e m)				OCM	E		JAN.	10,1995
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS									
1			11	1 Pe	nn S	Stre	eet, Ba	ltimore,	Mar	ylar	nd 21201
- 10	31. DATE FILED (Magth, Day, Year)	REGISTRAL	RIGHTATURE								
	JAN 1 (1995 Jul	TY WASHINGTON	THE PERSON NAMED IN								

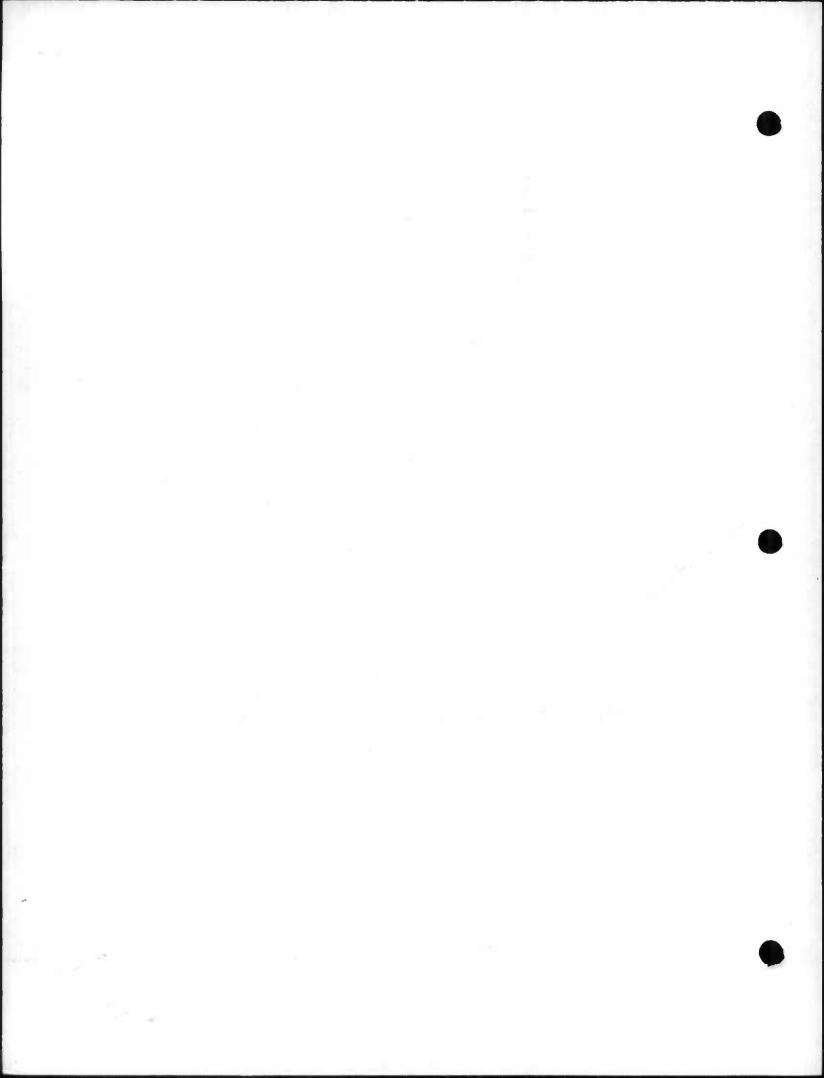


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examiner must be notified at once.	INFORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al. examiner must be notified at once.	<ul> <li>Bed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.</li> <li>PREMANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical experience.</li> </ul>
JIND PHYSICIAN. THE LAW requires that the death definitione be electrical within 27 hours after the central properties or after ding physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	OTHE MOSTIAL ON ALENDING PHYSICIAN. THE ISM requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train

should

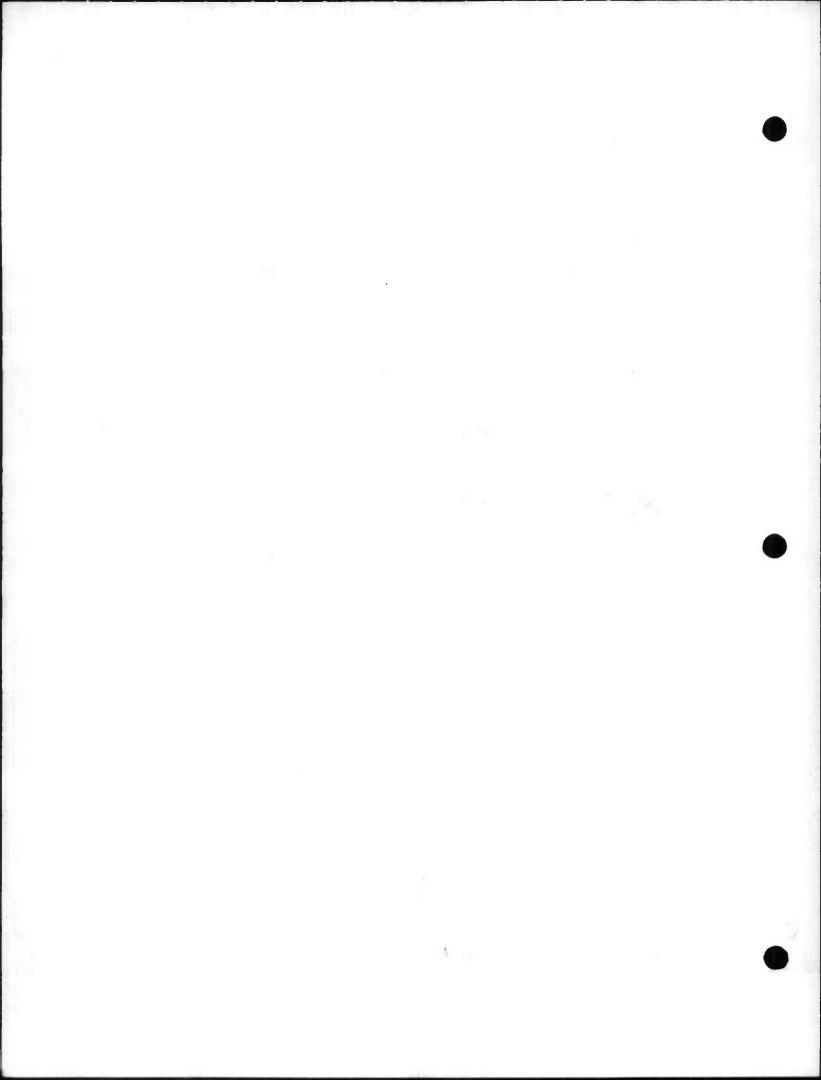
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last) Elsie	к.	Sole	m		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 12:24 A. M			
IOR	392-48-2245	1 □ M 2 🖟 F 9	yrs. lest birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   P. DATE OF I			?. DATE OF BIRTH (Month, Day, Year) Sept. 10,1					
	9a. FACILITY NAME (II not institution, give stre Lorien Nursing Hor RESIDENCE OF DECEDENT	96.	COL	ward							
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, T					10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	106. STREET AND NUMBER 10617 Graeloch Roa	101	20723		10g. CITIZEN OF WHAT COUNTRY? U.S.A.						
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WIND IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:  1 YES 2 NO Specify:							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT			done during mo: ired.)	N t of working		White White				
	8 17. FATHER'S NAME (First, Middle, Lest) Charles Krause	ker		Own Home  ME (First, Middle, Meiden Surname)  mina Garske							
TO BE	198. INFORMANT'S NAME (Type/Print)  Robert P. Solem (Son)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, 10617 Graeloch Road Laurel, Marylan							723			
1 St Buriel 2   Cremetion 3   Removat from State   Cemetary, crematory or other place)   U1-17-95     4   Donation 5   Other (Specify)   Milton Long Memorial Cemetary Janesvil.     1 Superior of Pulletin Service Licensee   22. NAME AND ADDRESS OF FACILITY								City or Town, Stata			
Leroy M & Russell C Witzke Fund 1630 Fdmondson Avenue Catonsvi.  23. PART i. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):							atonsvil				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.										
A	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 TO										
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
YSIC		HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)									
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28a. PLACE OF INJURY — At home, farm, street, factory, office			28d. DESCRIBE HOW IN					
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and due to the cause(s) and manner as stated.										
10 BE	296. SIGNATURE AND TITLE OF CERTIFIER Ruband Hole		D 3	ENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  > 31575							
)	KOLODRUBETT 4501 OLD ANNA polis Rd Ellicott City MD 21042										
	JAN 1 7 1995 Jul	32, REGISTRAR'S SIGNAL DAWLES RAN	TURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE MONTH OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE WORLD OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host THE PARET WITH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	TO THE MONTHLE OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the above 10 THE EMERAL WRETCH. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director.

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR Ertifi					MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH			3. TIME OF DEATH
	WILLIAM ALBERT SMAI			L					JAN 12	MY 1 (	995	0300 A M
	4. SOCIAL SECURITY NUMBER 216-01-7547	5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 H		MIN.	7. DATE OF BIRTH 8. BIRTHPLAC (Month, Day, Year) Country)		LACE (State or Foreign					
1 4	9a. FACILITY NAME (If not institution, give at	reet and number)		_	9b, CITY,	TOWN C	P LOCATI	ION OF D				
TOR	St. Agnes Hospital  Residence of Decedent  96. COUNTY OF DEATH  Baltimore  96. COUNTY OF DEATH  Baltimore											
DIRECTOR		altimore		10c. CITY	у, тоwn ог На		horp	e				IOd. INSIDE CITY LIMITS?
FUNERAL	1721 Selma Avenue	9				101	. ZIP COD	€ 2122	27	10g. CITI	U.S	.A.
B	11. MARITAL STATUS 1 Never Merried 2 1 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2	RMED NO	H.	yes, spe		ın, Mexica	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	s or No-	14. RACE - Black, Specify:	American Indian, white, atc. White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S live kind of w	USUAL OCI	CUPATIC	ON sl of worki	ng	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	.)	re Bi					Auto 1	Indust	ry	
	17. FATHER'S NAME (First, Middle, Last) McDonald Small								ME (First, Middle, Meiden Telten	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Number, City or Tox	vn. State. Zio	Code)	
٩	Elizabeth H. Smal	ll (Spous	se) 1	721 8	Selma	AV	enue	Hal	ethorpe, M	Maryla	and 2	1227
	20a. METHOD OF DISPOSITION  1 Carriel 2 Cremetion 3 Remo	oval from State	20b. PLACE of cemetery, cre	metary or of	her nlenel	11.				CATION —		
		Donation 5 Other (Specify) Meadowridge Cemetery 01-16-95 Dorsey, Maryland  BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Leisselect	10-	Le		Le	roy	M &	Rus	sell C Wit			al Homes e Maryland
	23. PART I. Enter the diseases, or c	omplications the	t caused tha de	ath. Do n	ot entar t	ha mo	de of dy	ing, suc	h aa cardiac or reap	iratory arr	eat,	Approximata
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition VENCLULAR TIRRILLATION)											
	disease or condition resulting in death)  a. VENTRICULAR FIBRILLATION  DUE TO (OR AS A CONSEQUENCE OF):											
NOI	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):    Sequentially list conditions, Due to (or as a consequence of):											
ICAI	cause, Entar UNDERLYING CARDIAC ARREST  C. CARDIAC ARREST											
CERTIFICATION	that initiated events resulting in death) LAST	J	(OR AS A CONSE	DUENCE OF	):							
MEDICAL	PART II. Other algorificant condition		daath but not r	reaulting i	n the und	larlying	) cause	given in	Part I. 24e. WAS AN PERFO! 1   YES 2	11	o o	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 PNO
AN	25. WAS CASE REFERRED TO MEDICAL					20 01	ACE OF D	F 1711 (O)	eck only one)			
SCI	EXAMINER?	HOSPITAL:	EB/Outnetlant 3	□ 2004	OTHER:	:						
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D.	INJURY	28b. TIME	E OF 2	28c. INJU	URY AT		6 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, lector		111		281. LOCATION (Street City or Town, State)		or Rural Rou	ute Number,
COMPLET									to the cause(a) and ma			
	2 MEDICAL EXAMINES  29b. SIGNATURE AND TITLE OF CERTIFIER		camination and/or	Investigation	n, in my op	Inlon, de		red at the				
TO BE	DR. WADHAVKAR	ywar CC	JRES	IDEN	T			07		DATE	1/12	Month, Day, Year)
DIR WADHAUKAK - ST AGNES HOSP 900 CATON AVE B						BAUTIM	ORE	MD	21229			
	JAN 1 7 1995 Ju	12 REGISTRA	R'S SIGNATURE									

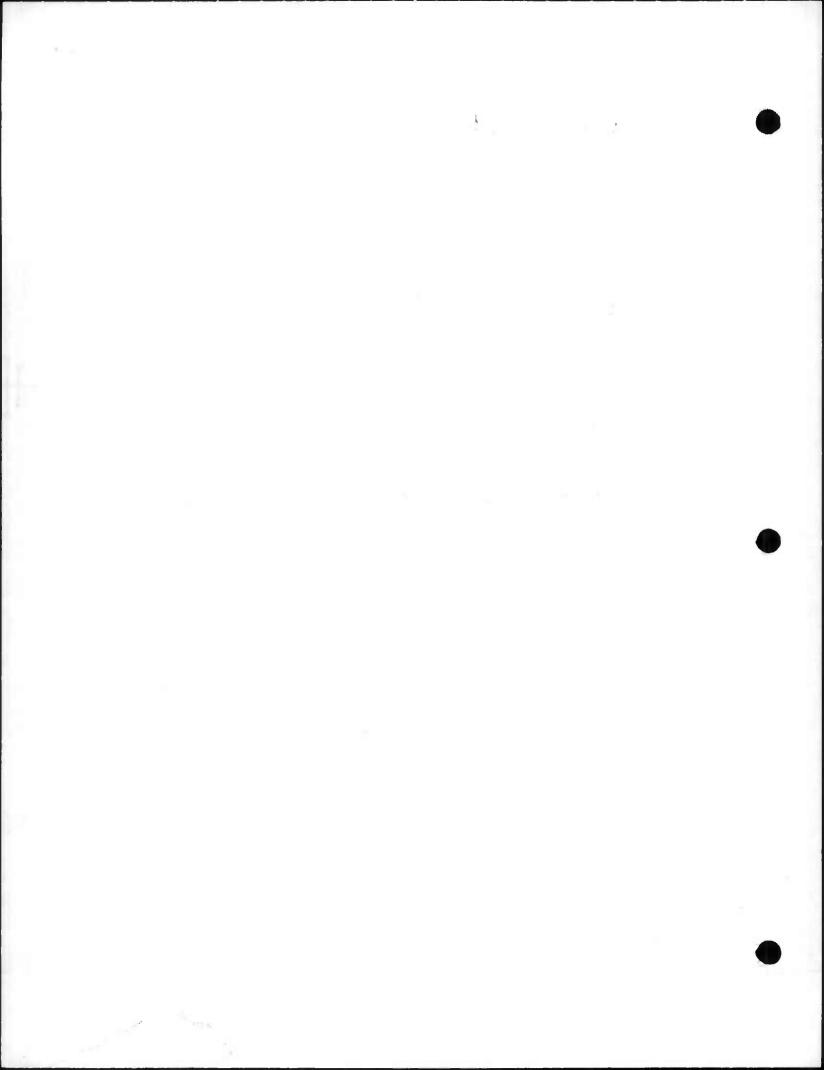


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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January aura 1245 PM 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) AUG 24, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore) 22 8053 71 YAS. AUG 1923 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5206 ELMER AVENUE 21215 burial-transit U.S. OF A. Page 6 may be retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 If wee, specify Cuban, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs 1 Never Married 2 Merried Specify: BLACK Specify: use as the l BY 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ᆸ n by the funeral director, page 5 should be detached for removal. College (1-4 or 5+) 12TH COMPL DOMESTIC WORKER PRIVATE FAMILIES once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at CHARLES ERNEST HASKINS CARRIE SINGLETONB 띪 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 LESTER M. Mc CREA WOODBINE AVE. BALTIMORE, MD. 21207 be 20e, METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City or Town, State must WOODLAWN CEMETERY 1/17/95 BALTIMORE, MARYLAND medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215 GWYNN hours after death. 4517 PARK HEIGHTS AVE. BALTO., MD. 23. PART I. Enter the diseases, or complications that causes the de-shock, or heart failure. List only one cause on such line. and completely filled in by burial, cremation, or remo he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Final **Onaet and Death** the disease or condition\_ RESPITATORY
DUE TO (OR AS A CONSEQUENCE OF) Failure reaulting in death) traumatic event, Pneumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to signed by the attending physician Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 Injury, PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 NO OF DEATH? shows : 1 ☐ YES 2 ☐ NO certificate has been in the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: OTHER: ATTENDING PHYSICIAN: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 6 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY this c 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO After the BY Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide ED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMP MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE FUNE TO THE FUNE See Seed with 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE MI 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) montes mD Hospital of Baltimore Belvedera Ry 31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SONATURE



JAN 17 1995

32. REGISTRAR'S SIGNATURE Studior Rev

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: Age: this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTABLE IN form 90 in marked on Mann 93 observe and inform an ablant december of the contract of the contra

95 00878 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH FLLFN SCHULTHEIS M YOR OROLL AN. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month/Day, Yelr) 9 IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 83 -20-0561 1 - M 2 X F DAYS HOURS VBS Maryland 9e. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes H. Hospita Baltimore DIRECTOR 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore ansdowne 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 48 Carlina 21227 States United 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American India Black, White, etc. 1 Never Merried 2 Merried BY White 3 Widowed 4 Divorced COMPLETED t6e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Seamstress Garment Once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Dowel George berzahn aroline BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, 2 Edward River Road, Itheis Linthicum, MD 21090 20e. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Enternal Baltimore, Maryland oudon Park Cemetery 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 1328 Sulphur Spring Rd., Arbutus, Mo 21227 22. PASE I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ehock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other eignificant conditions contributing to daeth but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? t TYES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL:
11 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 LING 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY t YES 2 NO nvestigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 🔲 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. (Check only one) 2 MEDICAL EXAMINER: On vestigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated, 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Yeer)

1/15/95 1105196 AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Item#10b.G-film 719 per F.H 1/17/95 P.C

FOR
STATE STATE STATE OF MARY

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

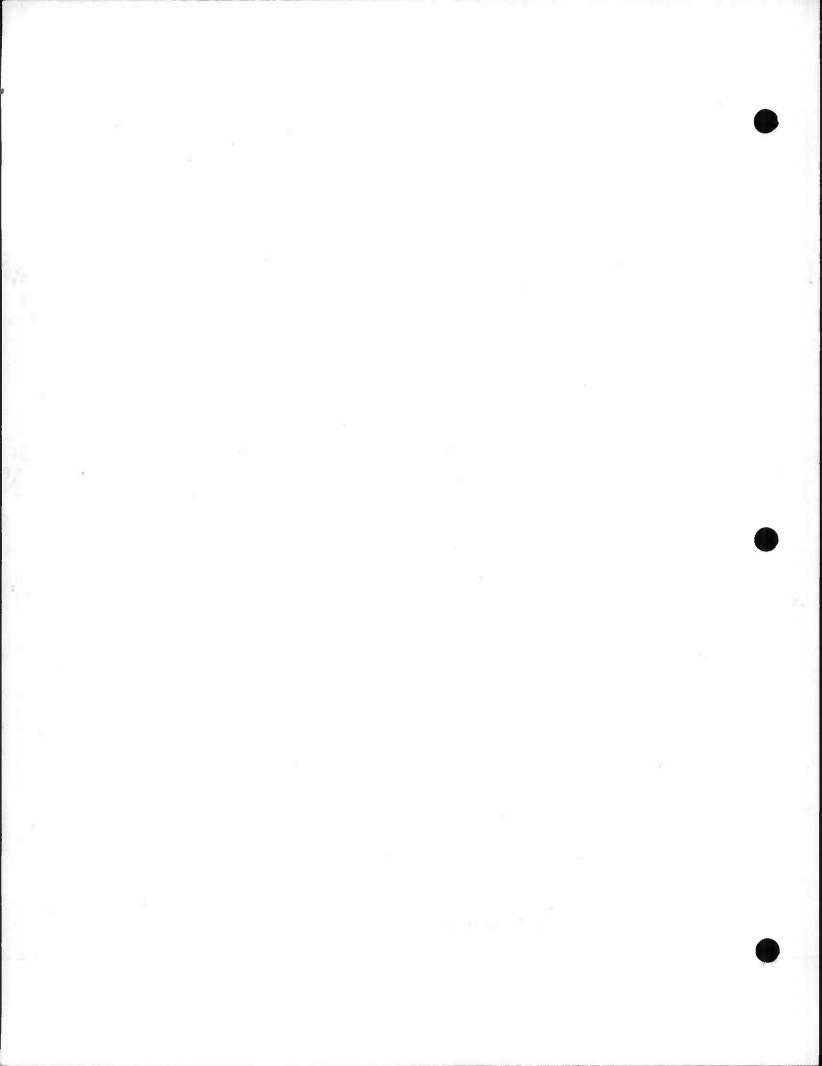
REGISTRAR														
1. DECEDENT'S NAME (F	st, Middle, Last)	-	-	11 -	-				2. DATE OF	DEATH	19	95 YEAR	3. TIME C	F DEATH
Trum	ANE	3.7	uc	ke					Janu	-	15	1991	43	00
4. SOCIAL SECURITY NU	MBER	5. SEX	6.	AGE (In yrs.	lest birthday)			IF UNDER 24 HRS.	7. DATE OF	BIRTA	• • •			ate or Foreign
215-09-3		1×1		87	YRS.	MONTHS	DAYS	HOURS MIN.	8/3	0/0	7	Ma	rylar	nd
90. FACILITY NAME (If no	institution, give s	cont end nu	umber)			9b. CITY,	4.1.	R LOCATION OF			0	INTY OF C		- A
SINGL HOSPITAL BAITIMORE City BAITIMORE  100. STATE 100. COUNTY 10c. CITY, TOWN OR LOCATION 10dd														
Maryland	10b. COUNT	v ion			10c. Ci				ounty				10d. INSI	rs?
10e. STREET AND NUMB			Baltimore Baltimore						Ourray		T 40- CIT	TIZEN OF I	WHAT COUR	2 NO
	ohnnyca	ike R	d.					21207			USA		WHAI COOF	TIRT?
11. MARITAL STATUS			DECEDENT E			13. V	MAS DECE	ENDENT OF HISP	ANIC ORIGIN? (	Specify Yes	or No-	14. RAC	E — Americ	en Indian,
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8th Grade				Bı	ıs Dr	iver			Ba1	timo	re Ma	ass I	rans	it
17. FATHER'S NAME (First	Middle, Last)							18. MOTHER'S	AME (First, Mid	dle, Maiden	Sumame)			
Charles		Tuc	ker					Ella A	ugustu	s Har	rtley	7		
19e. INFORMANT'S NAME		K			19b. MAILIN	G ADDRESS	(Street en	nd Number or Run	f Route Number,	City or Tow	n, Stete, Zi	o Coder		
Mrs. Mildr		ter			6607	Johnny	ycak	e Rd.	Baltim	ore,	MD	212	207	
20a, METHOD OF DISPOS 1 Burlet 2 Creme	ITION	oval from	State	20b.PLAC	E AND DATE	OF DISPOSI	ITION (Nan	me of	DATE	20c. LO	CATION -	City or To	own, State	
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		TMENT				NTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	Berna 5. SEX	dette	6.1.46			psor		Jan	0 1	995	м
		2-14-54-5247	1 M 2 X F	6. AGE (In yrs. last birthday)  F YRS.			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
pinous		9a. FACILITY NAME (If not institution, give st	reet and number)	93		9b. CITY,	TOWN C	OR LOCATIO	ON OF DEATH	12-26-		TY OF DEAT	H
2, 3	СТОВ	3509 Woodland	Avenue			В	alt	0					
4-0	딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN O	R LOCAT	ION				140	d, INSIDE CITY
t. Pages	DIRE	Md				Da Ita							LIMITS?
permit.	IAL	10e. STREET AND NUMBER						. ZIP CODE			10g. CITIZ		T COUNTRY?
020 physician. burial-transit	FUNERAL		3509 Woodland Ave					21	215		U	S A	
020 physician buriat-trar		11. MARITAL STATUS  1 Never Married 2 Married	FORCES?	TEVER IN U.S. ARM	ED	1	f yes, sp	ecity Cybe	n, Mexican, P	ORIGIN? (Specify Yuerto Rican, etc.)	fee or No-	14. RACE — Black, W	American Indian, /hita, atc.
215-0020 attending physic se as the burial	ВУ	3 NWIdowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		'	YES	2 NO	Specify:			Specify:	Black
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the hospit detached	COMPL	17. SATHER'S NAME (First, Middle, Last)	-1 1					16. MOTH	IER'S NAME	(First, Middle, Maide	en Surname)		
# 8 a	BE	George Junius	Strek	ly				Be	mice	Ste	vensu	1	
MAR retained 5 should notified	임	19a, INFORMANT'S NAME (Type/Print)	1	19b.	MAILING	ADDRESS	(Street a	11	or Rural Rout	Number, City or To	own, State, Zip	Code)	
		20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											Panto
Page 6 ma al director, p		1 Burial 2 Cremation 3 Remo	rval from State	cemelery cress	atory or o	ther place)		rator	4	1/13/95	aton	50,11	, my
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	)		22. [		D ADDRES	OF FACILI	TY C +			,
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S - 5 0		23. PART i. Enter the diseases, or c shock, or heart fellure. I	omplications the	t caused the dee	th. Do	not enter	the mo	de of dyi	ng, such s	cardiac or res	piratory sme	st,	Approximata interval Between
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executed and com o burial, matic ev	Z	C	/	410	1	n	est	want	5/				4900
SOA 68  the be execut sician and o prior to buri	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQU	IENCE O	F):		U	r				
incate physical price pr	FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQU	IENCE O	F):							
death certificate attending physiental Hygiene print, or other th	ERT	resulting in death) LAST											
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requires thate signed of Health a	MED										2 85 110		DEATH?
The law requires the has been sign ate Dept. of Healt em 23 shows	AN:	DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIN				
N: The ficate h State (	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO	HOSPITAL:			OTHER	l:						
SICIAN: The Certificate in the State d, or item	PHYS	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c. INJ	JRY AT		Other (Specify) d. DESCRIBE HOW	INJURY OCC	URED	
NG PHYS ther this cath with	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ley, Year)	IN.	URY	1 🗌 Y	RK? 'ES 2	NO	-			
= 2 =	ED E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At hom atc. (Specify)	e, farm,	street, facto	ory, office		26	I. LOCATION (Stree City or Town, Stat	t and Number (	or Rural Route	Number,
OR ATTEND DIRECTOR: / hours after ditem 28 is					_								
THE SECTION OF THE SE	MPL	(Check only one) 2 MEDICAL EXAMINER											
MJ S	8	296. SIGNATURE AND TITLE OF CENTIFIER	/				T		NSE NUMBE				
	).BE	Dulin / 1	945					D	092	12	DATE	/12/	hth, Day, Year)
m min m makener e P e	0	30. NAME AND ADDRESS OF PERSON OF	COMPLETED CAU	SE OF DEATH (ITEM	27) (Туре	Print	0 0	1	70/	/ 7			N_ 16
		Mobert 1 to	VED IN	114	rn	ed i	1 a	14	07 10	Ly BAI	10. K	10 6	1201
		JAN 3 7 1995	AT HIS CONTRACTOR	- PARTIE						•			
	- 60		1										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1/27/95 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	011112 01 11	C	ERTIF	ICAT	E OF	DEAT	TH	WILLIAM.	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DE	ATH
	THOMAS EDWAR	D URB	Z NI						MON	N.03.	1995	YEAR	17:00	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	at birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.			199:	8. BIRTH	IPLACE (State or	
	340-32-8379	1 🖵 M 2 🗆 F	5.5	YRS.	MONTHS	DAYS	HOURS	MIN.	10-	12-39 3-95		Country) ILLING		
	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	r, TOWN C	R LOCATION	ON OF DE		3 7 3	9c. COUNTY OF DEATH			
E	1612 MEDDAGE D	D				Wes	tmi	nste	er					
5	1612 TERRACE D										LCA	RRO	I.L.	
DIRECTOR	Maryland Carr	r oll Cou				OR LOCAT							10d. INSIDE CI	ry
		.011 600	III L y	we	Stm.	inst							1 TYES 2	NO
RA	100. STREET AND NUMBER 1612 Terrace	Dwino				101	ZIP CODI	1157	7		10g. CIT	IZEN OF	WHAT COUNTRY	
FUNERAL	11. MARITAL STATUS											SA		
	1 Never Married 2 Married		YES 2	RMED NO		If yes, spi	cify Cuba	n, Maxica	n, Puert	ilN? (Specify Yes o Ricen, etc.)	or No-	14. RACI Blac	E — American In k, Whita, atc.	dian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🗍 NO	Specify	<b>/</b> :			Spec	"Y White	e
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY														
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Marie	Sive kind of n. Do NOT u	work done se retired.)	during mo	st of workin	g						
4			´											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First	, Middle, Meiden	Surname)			
BE	EDWARD THOMAS URBAN						FLOR	RENCE	QUIN	NN.				
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Poute Nu	mber, City or Tow	n, State, Zip	Code)	-	
F	DIANNE J. McFALL													
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo	ovel from State	20b. PLACE cemetery, cre				me ol		0/	TE 20c. LO	CATION —	City or To	own, Stata	
	4 Donation 5 Other (Specify)	state	remova	1										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Rona	ld Wad	e,Di	]. 22.	NAME AN	O ADDRES	SS OF FA	CILITY	State	Ana	tom	y Boar	d
	Bent B. Kon	len!		,		55W	.Bal	tim	ore	St, B				_
1	23. PART I. Enter the diseasea, or o	omplications the	t ceused the de	eth. Do									Approxi	nata
	shock, or heart failure. I	List only one ceu	se on each line	ð.									Interval	Between nd Death
	disease or condition resulting in death)	A.T.	5-5-6	1	- (	~	1-	1	1	Pisco				
	resoluting at dealth)	OUE TO	(OR AS A CONSE	OUENCE O	F):	- 4	Lu ye.	Lend	~	, , ,				
Z	Commendation that committees a	b												
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):									
2	CAUSE (Disease or injury	c												
	that initiated eventa resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):									
<b>H</b>		J												
اد	PART II. Other algnificent condition	s contributing to	death but not	reaulting	In the u	nderlying	cauae ç	lven in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY	
DICAL										PERFOR			AVAILABLE PRIO	
MED										1			OF DEATH?	NO.
=	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH Y	S	NO [	UNC	ERTAIN	<u>ч</u> П	'			N	
ΧI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEA										
Sic	XIX YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		5 1 Re	sidence	6 🗆 Oti	her (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF (Month, De	INJURY ev. Year)	28b. TIN		28c. INJ	. 4.5			ESCRIBE HOW I	NJURY OC	CURED		
ВУ	Neturel 5 Pending Investigation	(month), bu	ay, 10a./	,,,,,	M		ES 2	NO						
							Route Number,							
	4 Homicide determined		ara (opeany)					_	Cit	y or Town, State)				- 1
٦	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occum	ed at the i	lime, data	and place.	and dua	to the c	ause(a) and mer	mer es ete	ted		
COMPLETED	one) 2 MEDICAL EXAMINE												i) and manner as	plated.
	296. SIGNATURE AND TITLE OF CERTIFIER		-					INSE NUN						
BE	Theodo	u. K.		9					POER				(Month, Day, Yea	
2	30. MAME AND ADDRESS OF PERSON WHO	011110000000000000000000000000000000000	gin	ري	7			CME			, J	AN.	04,199	5
- II		O COMPLETED CAUS	SIE ION DEATH ATE	M 271 / N/N=	PTIME									
	THE PORE M		U			C+~-	20+	D-	1+4	more	Mar		nd 212	0,1

Jali Studior Rardall

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	CHINESTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a state begr. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OH ATENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I Insur after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	TESTINE	2. DATE	OF DEATH			3. TIME OF DEATH				
		Sarah Urd	ang				uary 1		95	2:30 p M	
	2010 11 12 12 12 12 12 12 12 12 12 12 12 12			UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	6.	BIRTHP Country)	LACE (State or Foreign	
	130 - 03 - 004/	1 □ M 2 🕮 F 78	3 YRS.			Apr	. 04, 1	916	Russ		
or.	9a. FACILITY NAME (If not institution, give street	et and number)	96	L CITY, TOWN O	R LOCATION OF D	EATH		9c. COUNTY	Y OF DE	ATH	
TO	Manor Care Nursing	g Home	S	ilver	Spring			Mont	gom	ery	
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY, TO	OWN OR LOCAT	ON				T	IOd. INSIDE CITY	
	_Maryland   Montg	omerv	Silv	er Spr	ing					LIMITS?	
IAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZE	N OF W	IAT COUNTRY?	
FUNERAL	2501 Musgrove Roa				0904			USA			
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO	13. WAS DECI	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes Rican, etc.)	or No- 14	RACE - Black,	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES				fy:			Specify		
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16e. DECEDENT'S USI	JAL OCCUPATIO	N.	16b	. KIND OF BUS	INESS/INDUS		hite	
ET		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	il of working						
COMPLETED	Grade 12		Antique	Dealer			Antiqu	es			
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		Middle, Meiden S	Surname)			
BE	Morris Adickman				Rose Da						
9	Barbara Peller				Number or Rural					20070	
	20e. METHOD OF DISPOSITION	l and			Ct. Gait			Mary La			
	1 Buriel 2 Cremation 3 Remove	el from State	tery, crematory or other	place)	al Dark	7 / T				lew Jersey	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ii islaei	22. NAME AN	D ADDRESS OF FA	ACILITY			e/ I	lew delsey	
	DO111111	()//			dson Fur						
-	23. PART I. Enter the diseases or con	molications that caused	the death. Do not		albott A					Approximate	
CERTIFICATION	shock, or heert făliure. Li IMMEDIATE CAUSE (Final dissese or condition resulting in death) a.  Sequentially list conditions,	MUHT-1 DUE TO (OR AS A	hfarct 1	Deme	nh'q					interval Between Onset end Death	
SAT	if any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	t not reaulting in t	he underlying	ne underlying cause given in Part i. 24a. WAS AN PERFOR					VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  YES 2 NO		
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	hack only on	10)				
is		HOSPITAL:		THER: Nursing Home	5 🗆 Residence	6 🗆 Othe	or (Specify)				
E	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O		JRY AT	28d. 0ES	SCRIBE HOW IN	JURY OCCUI	REO		
B	1 Netural 5 Pending Investigation				ES 2 NO						
8	3 Suicide a Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	– Al home, farm, atree y)	rt, factory, office	actory, office 281. LOCATION (Street, Street,				reet and Number or Rural Route Number, tate)		
COMPLET	one)	AN: To the best of my knowle On the besie of examination								and manner as ateted,	
BE C	29b. SIGNATURE AND TITLE OF CHATIFIER				29c. LICENSE NU	MBER		29d. DATE S	HGNED (	Month, Day, Year)	
10 B	the fight	7			ノスゴビ	50		D 1/	16/9	1	
F	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type, Pri	(T)	14333	Laure	1-Pour 1	R/ #30	7 6	sure/, MD	
	JAN 1 7 1995 July	37. REGISTRAR'S SIGNA	TURE								

**←** 1243 . 1935 July Standards MARYLAND 21215-0020 BALTIMORE.

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30, NAME AND ADDRESS OF RAY

31. DATE FILED (Month, Day,

Pages 1, 2, 3 should

permit.

burial-transit

P.O. BOX RECORDS, DIVISION OF VITAL

hospital or attending physician. Page 6 may be retained by the hospital or attending a director, page 5 should be detached for use as the funeral nours after death. y filled in by the filon, or removal. cremation. completely executed withi burial, and prior to attending physician certificate be Hygiene requires that the death the atter signed by t Health and has been s Dept. of F 23 OR ATTENDING PHYSICIAN: The law certificate h the S this c L DIRECTOR: After the hours after death death 28 18 1 TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1210 ENA ULISS 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 22,1910 215-42-7876 84 DAYS. HOURS MIN. 1 🗆 M 2 💢 F YRS. MARYLAND APR. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTHWEST HOSPITAL CENTER BALTIMORE DIRECTOR RANDALLSTOWN RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3605 BELLEMORE ROAD 21207 U.S.A. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 \( \subseteq \text{YES 2 XY NO} \)
 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Bleck, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: WHITE BY 3 🕅 Widowed 4 🔲 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. (Give kind of work done life. Do NOT use retired.) most of working COMPLET DEPARTMENT OF DEFENSE Elementary/Secondary (0-12) College (1-4 or 5+) 12th. **CLERK** U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
VERA SILVERMAN HYMAN BOTWINIK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. VERA WASSERMAN 8514 TOPPING RD., BALTO., MD. 21208 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 State | Donation | State | Donation | State | Donation | State | Donation | State | Donation | State | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Donation | Disposition | Donation | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Dispos BETH EL MEMORIAL PARK 1/15/95 RANDALLSTOWN, MD. 21. SIGNATURE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. was 6010 REISTERSTOWN RD., BALTO., MD. 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximata shock, or heart failure. List only one cause on each line Interval Between Onset and Death **IMMEDIATE CAUSE (Final** ARDIAC ARRHYTMIA (VENTRICULAR FIBRILLATION)
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) 140 CAR DIAL

DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, If any, leading to immediate AIN STEM cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? GRAVIS 1 TES 2 NO OF DEATH? CARDIOMYOPATHY (15CHEMIC 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I PHYSICIAN: UNCERTAIN 🗵 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be COMPLETED 4 Homicide determined 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. (Check only one) MEDICAL EXAMINER: On the of examination end/or investigation, in my opinion, death occured at the time, date end place, and dua to the ceuse(a) and menner ea stated. 296. SIGNATURE AND TITLE OF CONTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) 8

NORTHWEST HOSPITAL

**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DELAY THE FAVE THAT THE GRATH CATRICATE DE EXECUTED WITHIN 25 hours after death. Page 6 may be retained by the hospital or attending physician.

The fave has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be said between the fact of Health and Mental Hygiene prior to burial, cremation, or removal. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL ON ATTENTO THE FUNERAL ONECITY OF field within 72 hours after IMPORTANT: If Item 2. LE

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
_	OFFICIOATE OF BEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Sandra Vanovor		anover			2. DATE OF DEATH MONTH January		3. TIME OF DEATH 6:20 P				
	4. SOCIAL SECURITY NUMBER 219 76 8822	5. SEX  1  M 2X F 42		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  1 2 3 Year) 5	e. Birr	THPLACE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give s Hopkins Bayview I		,	Baltim	ore City	АТН	9c. COUNTY OF	DEATH				
FUNERAL DIRECTOR	nesidence of decedent  10a. STATE  10b. COUNTY	1		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?  1 × YES 2 NO				
ERAL	1300 Anglesea Street Apt. 1-D 101, ZIP CODE 21224 USA											
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	ENDENT OF HISPAN acity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yas n, Puerto Rican, atc.)	Bla	CE — American Indian, eck, White, atc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION 18a. Completed) College (1-4 or 5 +)	Give kind of wo. He. Do NOT use Disab		on st of working	18b. KIND OF BUS	SINESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Last) Edward C. Vanove	er				ME (First, Middle, Maiden rine Phyll		do				
TO E	19a. INFORMANT'S NAME (Type/Print) Catherine P. Broo	cato	196. MAILING A 1300 AJ	nglesea	st. Apt	Number, City or Tow 1-D Balto	n, State, Zip Code) . , Md . 21	224				
	20e, METHOD OF DISPOSITION t ☐ Burlel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donetion 5 ☐ Other (Specify)	oval from Stata cemetery, Bel	cremetory or other	morial	Park 1-	16-95 Bel	cation — city or					
	21. SIGNATURE OF FUNERAL SERVICE LIC	D. July		Charl		iler & Son Ave. Balto						
	23. PART I. Enter the disease, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errect, ehock, or heart feliure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sepsis											
z		pancreatic ps						3 months				
CERTIFICATION	Sequentielly liet conditione, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON  DUE TO (OR AS A CON	2 months									
AL	PART II. Other eignificent condition	s contributing to death but no	ot resulting in	the underlying	ceuee given in	Part i. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC						1 YE\$ 2	Жио	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. P	LACE OF DEATH		UNCERTAIN	N 🗆 ]						
	1 VES 2 NO  27. MANNER OF DEATH  1. Natural 5 Pending Investigation	1 Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ WO	URY AT RK?	8 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED					
TED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — Ai building, atc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, factory office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED BY	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	110			29c. LICENSE NUN AF-26643	100-057	29d. DATE SIGNE	3 - 9 5				
_		& Hootias		riew								
	JAN 17 1995	A PROPERTY OF STATES	E4 /									

REG. NO.

2. DATE OF DEATH

JANUARY

7. DATE OF BIRTH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARIA

5. SEX

CYNTHIA

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

8760
30X 6
P.O. E
ADS,
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TALR
JE VI
NO
DIVIS

(Month, Day, Yes DAYS 217-74-2478 HOURS 1 M 2 X F 33 YRS. FEB. 1961 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY permit. FUNERAL 10e. STREET AND NUMBER IN TIP CODE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept. of Health and Memal Myglene prior to burial, cremation, or removal. 1624 GAIL ROAD, APT. B 21221 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS SINGLE 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 9th GRADE UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 76 **ABRAHAM** WRIGHT BE JANIE BELL MIDDLETON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WYNETTE 1909 PERLMAN PLACE, BALTIMORE, MARYLAND 21213 WRIGHT P 20g METHOD OF DISPOSITION
1 X Burlei 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must ZION CEMETERY 4 Donation 5 Q-Other (Specify) 1-16-95 examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. JOSEPH H. BROWN JR. FUNERAAL HOME, P. A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Netastatiz 0 Lung event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) the death certificate be executed Retroviral wheat. traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL requires that any 1 TYES 2 NO Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 TES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY marked, 26d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 60 6 Could not be ED 28 4 Homicide determined H tem COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II HOSPITAL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert J. Marshall Johns MD Tower 110

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

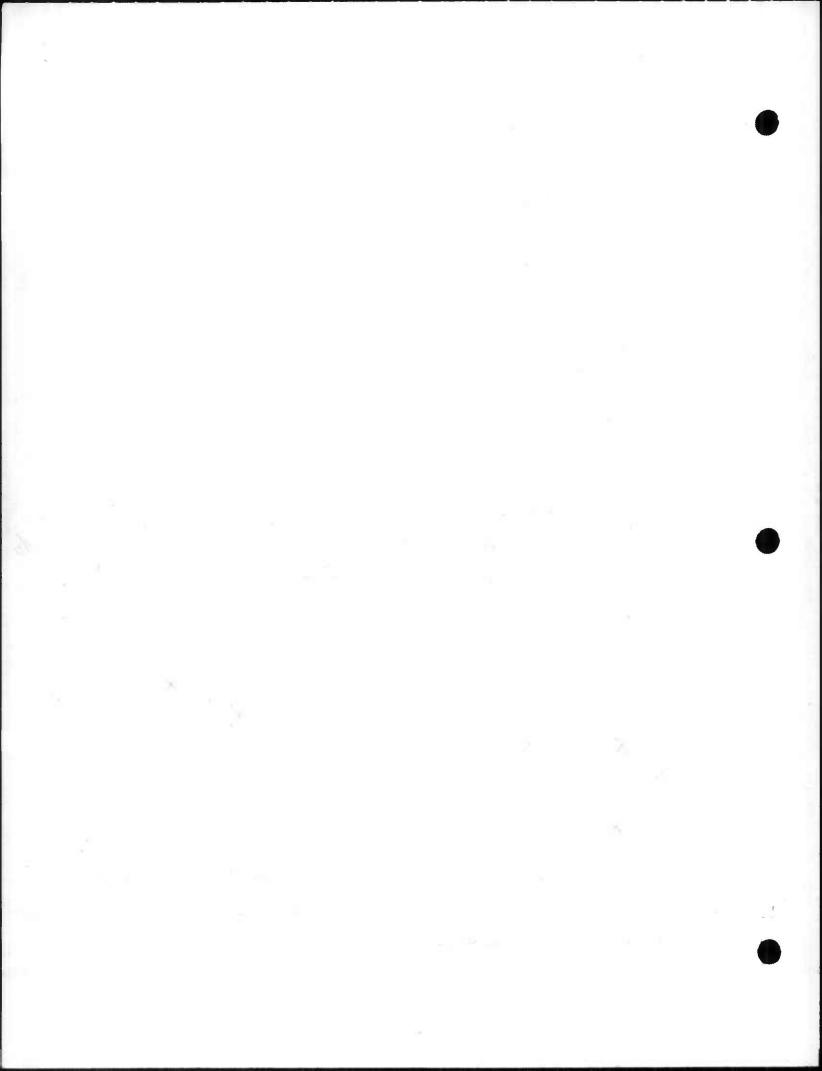
CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

WRIGHT

6. AGE (In yrs. last birthday)

3. TIME OF DEATH 10,1995 5:29 B. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 NO 100 CITIZEN OF WHAT COUNTRY? USA. 14. RACE — American Indian, Black, White, etc. BLACK 20c. LOCATION - City or Town, State BALTIMORE, MARYLAND Approximata Interval Between Onset and Death 6 month 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SHINED (Morim, Day, Year) 95



RAI TIMORE MARVI AND 21215-0020

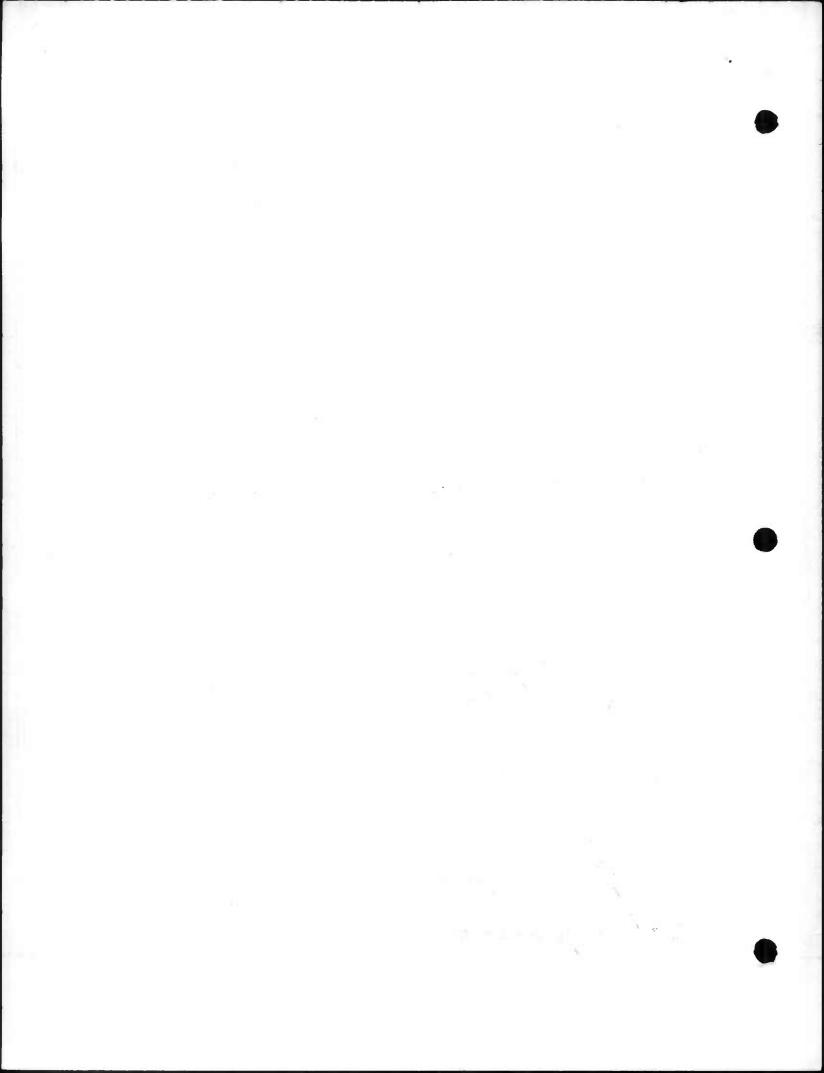
TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALLIMORE, MARTLAND ZIZIS-UUZU	with a nouns after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Office and all the second in an accordance for a second se
CONTRACTOR OF ACTION OF THE CONTRACTOR OF THE CO	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem	MDODTANT if them 90 is marked as them 92 should not little as ather desirently assembled assembled assembled as

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATN			3. TIME OF DEATH
Carlton Wade					MONTH	1		YEAR	2:45 am. M
4. SOCIAL SECURITY NUMBER 214-20-0906	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, May	Dey. Year) 10,19	10	Counti	IPLACE (State or Foreign y)
9n. FACILITY NAME (If not institution, give s	treat and number)	9	b. CITY, TOWN (	OR LOCATION OF DE		10,10	9c. COUNT		,
Global Health Car	e		Bal	timore C	ity				
Maryland 106. COUNTY		10c. CITY, 1	rown or Locat Bal	timore C	ity				10d. INSIDE CITY LIMITS? TYPES 2 NO
100. STREET AND NUMBER 6116 Belair Rd.			101	21206	_		_	SA	WHAT COUNTRY?
11. MARITAL STATUS  **XX** Never Married 2 Married  3 Widowed 4 Diverced	J.S. ARMED 2 NO ES	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 X NO Specify	n, Puarto Ri		or No— 1	4. RACE Black Speci	— American Indian, k, Whita, atc. My: White	
15. OECEDENT'S EDU	CATION completed)	I6a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	ON at all working	16b. i	KIND OF BUS	INESS/INDU	STRY	WIIIOC
Elementary/Secondary (0-12)	College (1-4 or 5+)	Lathe Or	etired.)		Ge	eneral	Elec	tri	c Co.
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	_				
Henry Wade				Louise					
19a. INFORMANT'S NAME (Type/Print) Roland T. Wade		196. MAILING AD 8658 B	lack Oa	k Rd. Ba	ltimo	or City or Town	d. 21	234	
20s. METNOD OF DISPOSITION  NXBurlai 2 Cramation 3 Ramoval from Stata  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place)  Parkwood Cemetery 1-14-95 Baltimore, Md.									
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O ADORESS OF FA	CILITY		TIHOTE	, 11	u.
Lassahw Fee	serve Hom	٤		N FUNER∕ Belair F			. Md.	212	36
23. PART I. Enter the diseases, or on shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused to List only one cause on each action.  DUE TO (OR AS A C	E M							Approximate Interval Batween Onset and Death
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								
PART II. Other significant condition	s contributing to death but	not reaulting in t	tha undarlying	g causa givan in	Part I.	24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
DEME	NTIA					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
SC/11/20	PHREN	(A			_	/	7.110		OF DEATH? 1 ☐ YES 2 NO
DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF	DEATH YES		UNCERTAIN	4 D			L	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH	Check only one)						
1 TYES 2 NO	1   Inpatient 2   ER/Outpat	lent 3 DOA 4		e 5 🗆 Rasidenca	8 🗆 Other (	(Specify)			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME'O INJUR	Y WO	URY AT RK? YES 2 NO	28d. DESC	RIBE HOW IN	JURY OCCU	RED	
3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — building, atc. (Specify	At home, term, stre	et, factory, office		281. LOCAT	TION (Street a Town, State)	nd Number or	Rural R	loute Number,
29a. CERTIFIER (Check only one)  MEDICAL EXAMINE	CIAN: To the best of my knowled	ige, death occurred a	at the time, data	and place, and due	to the cause	e(s) and man	ner an atated	do r	
29h/SHGMATURE AND TITLE OF CERTIFIER			Triny opinion, d	29c LICENSE NUM		ma piaca, are			(Month, Day, Year)
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CHICAGO	A ATPAS OF		1083	44		▶ //,	13/	195
5714 H	ARFORD		PA		BA	7250		Me	21219
31. DATE FILED (Month, Day, Year)	32. REGIST I. RIS SIGNAT	URE		,					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flower after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

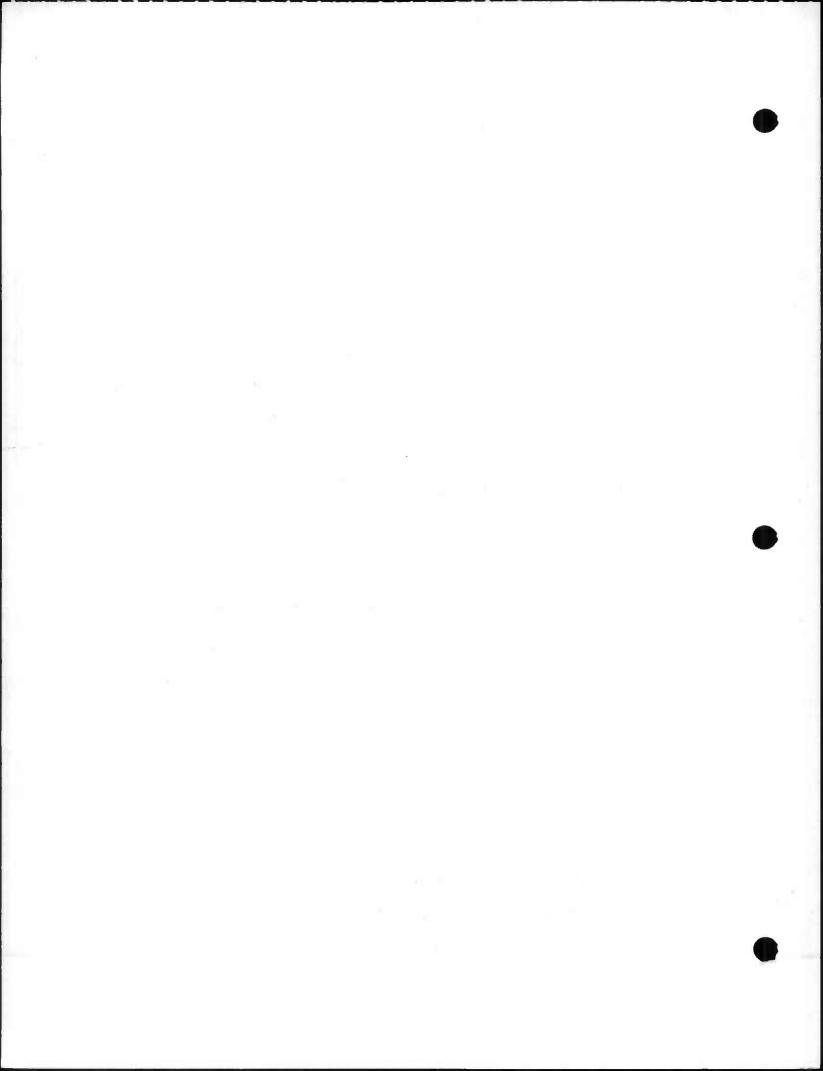
FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPART	MENT OF I	IEALTH AND	MENTAL HYGIEN	_				
1. DECEDENT'S NAME (First, Middle, Last)				JAIL V.	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
LEREY NHOTE	SR.					MONTH D	AY YE	AR			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign			
216-05-0153	1 🔀 M 2 🗌 F	77	YRS.	IONTHS DAYS	HOURS MIN.	MAY 12, 1		OUTH CAROLINA			
9e. FACILITY NAME (If not institution, give st		ſ			OR LOCATION OF DE		9c. COUNTY	OF DEATH			
BONSECONDS	1405p	IAC		BAL	Dinne	TRE	CI	TY			
RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY											
MARYLAND			10c. CITY,	BALTIM	ORE CITY			10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
1822 W. BALTIMO					21223		USA				
1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	X YES 2 D	MED 10	13. WAS DEC	ENDENT OF HISPAN ecity Cubsn, Mexics	HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, Whits, stc.			
3 X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: BLACK											
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. KIND OF BUSINESS/INDUSTRY											
Elementary/Secondary (0-12)	College (1-4 or 5	')									
5th GRADE			CAR H	ANDLER		RAILR					
17. FATHER'S NAME (First, Middle, Last)					100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No.	ME (First, Middle, Maiden					
UNKNOWN  19s. INFORMANT'S NAME (Type/Print)	_	40	MAII INC A	DDBESS (Company)	VIOL	A. Route Number, City or Tow	WHI				
A Processor and the Control of the C	HITE					EET, BALTI	,	-/			
20g METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remo		20b. PLACE	AND DATE OF	DISPOSITION (Na		DATE 20c, LO					
4 Donation 5 Other (Specify)	Ival from State	cemetery, cre ARBU	${ m TUS}^{matory~or~othe}$	CEMETE	RY	1-13-95 AR	BUTUS.	MARYLAND			
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	-		22. NAME AL	D ADDRESS OF FA	CILITY					
· (Wan)	2	).12	2			OWN JR. FU IMORE ST		HOME, P.A. MORE, MD.21223			
23. PART I. Enter the diseases, or c	omplications the	t caused the de	ath. Do no	t enter the mo	de of dying, suc	h as cerdiac or respi	ratory arreat,	Approximate			
ahock, or heert fallure. I IMMEDIATE CAUSE (Finel disease or condition								Interval Between Onset and Death			
reaulting in deeth)	DUE TO	eptic	DUENCE OF):	<b>^</b>							
		Right	- 14	na F	in Plana	1116		İ			
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF):	1	neumo	MICE					
cause. Enter UNDERLYING		Fud	sta	CO D	Peracil	Dogwood					
CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSEC	UENCE OF):	70 1	CAICOL	Degran	•				
resulting in death) LAST		Stro	Ke !	with	left +	Descase temipare	SIZ				
					_						
PART ii. Other algnificant conditions	contributing to	death but not r	eauiting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
						1 _ YES 2	V	COMPLETION OF CAUSE OF DEATH?			
								1 TES 2 NO			
DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DEA	TH YES	□ NO □	UNCERTAIN	10		1			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC		(Check only one)							
1 TES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER:	e 5 🗆 Residence	8 Other (Specify)					
27. MANNER OF DEATH	28s. DATE OF (Month, De		28b, TIME (	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED .			
1 Natural 5 Pending 2 Accident Investigation	(MONI), O	ay, regar)	INJUR		RK? 'ES 2 NO						
3 Suicide 8 Could not be determined	28s. PLACE Of building,	FINJURY — At hosetc. (Specify)	me, ferm, str	et, tactory, offic		281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
29s. CERTIFIER 1 CERTIFYING PHYSIC	29s. CERTIFIER A CERTIFICATION DUVICION TO THE CONTROL OF THE CONT										
296. SIGNATURE AND TITLE OF CERTIFIER											
Junea Clas	rwy	How	& off	ucr	29c. LICENSE NUN	18 993	29d. DATE SIG	NED (Month, Day, Year)			
			- (1)	A PLACE		/ -		1 1 -			

Hghts Balt.

Juli Davolson Rodell

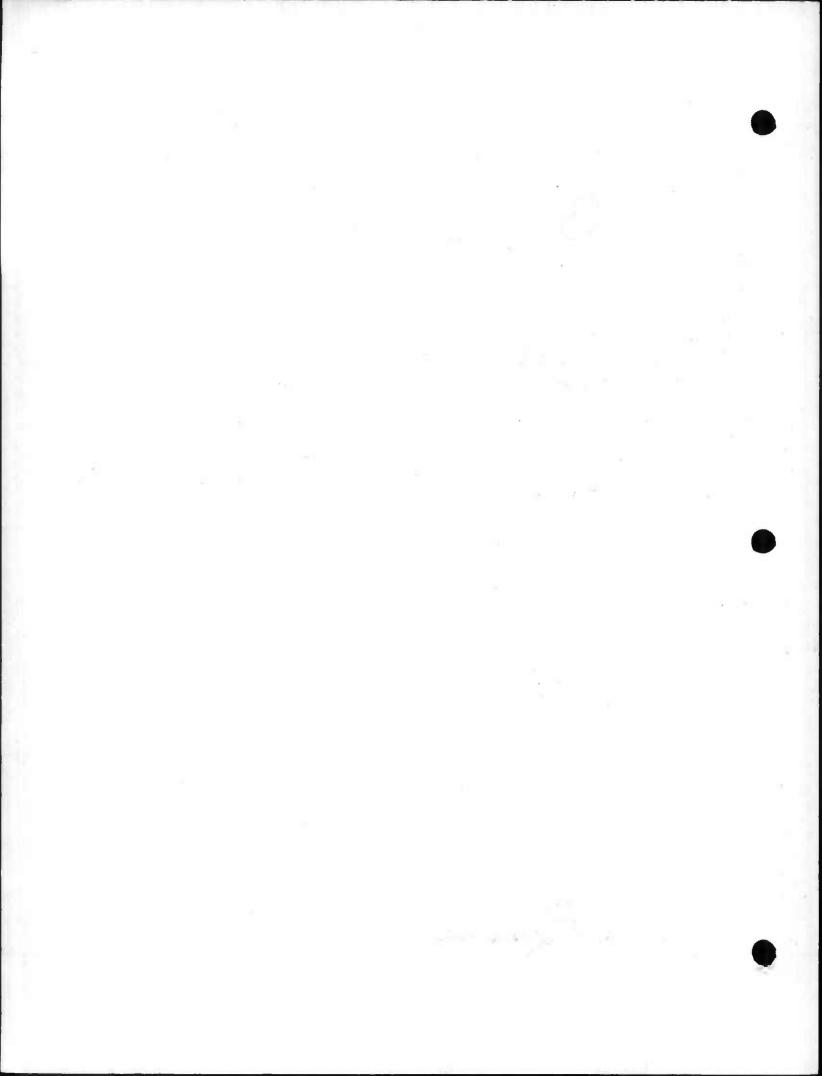
Liberty

MY 21215.



, MARYLA
BALTIMORE
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BOX
P.O.
SDS,

		FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	ELCH				2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH  2:30 A M				
•		4. SOCIAL SECURITY NUMBER 220-48-9817	5. SEX 6. AGE 1 M 2 X F 1 (	(In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb. 7,		RTHPLACE (State or Foreign				
2, 3 should	ECION	90. FACILITY NAME (If not institution, give s 6729 Oak Avenu RESIDENCE OF DECEDENT				or Location of Di		9c. COUNTY O	timore				
bhysician. bunal-transit permit. Pages 1.	UINEC	10e. STATE 19b. COUNTY	ltimore		ity, town on Localindalk	ATION			10d. INSIDE CITY LIMITS? 1 YES & NO				
n. ansit permi	EHAL	10e. STREET AND NUMBER 6729 Oak Avenu	e			01. ZIP CODE 21222		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
g # 6	BY PUNER	11. MARITAL STATUS  1 Never Married 2 Merried  3 Nover Married 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 3 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerlo Ricen, etc.) fy:	В	ACE — American Indian, lack, White, etc. pocify: 11te				
oital or attend	COMPLEIED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind iffe. Do NOT	'S USUAL OCCUPAT of work done during in use retired.)	TION nost of working	SINESS/INDUSTR	Y					
5 5 6 U	BE COM	3rd  17. FATHER'S NAME (First, Middle, Last)  Thomas Puckett		1 поще	maker		Own Ho  ME (First, Middle, Melden  Frances	Surname)	c				
be retain ge 5 sho e notifi	2	196. INFORMANT'S NAME (Type/Print) Mrs. N. Kather		nger 3	435 CO	rnwall I	Route Number, City or Tow Rd., Dunda	alk, Md.	21222				
rector,		20b. PLACE AND DATE OF DISPOSITION   Burlel 2   Cremetion 3   Removal from State											
0 = 0		> Edwar M. Pan	Edison kuns I	200083	ins Bra 2134	adley-As	shton Fur		Home, Inc.				
with nours npletely filled in cremation, or n		23. PART I. Enter the diseasea, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only ona cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Betwee Onset and Dast (O MONTH)											
th certificate be executed by sician and if Hygiene prior to bur or other traumatic	EHILICATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
equires that the densigned by the of Health and Me hows any Injur	MEDICAL	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 PNO											
CIAN: The law recrificate has be the State Dept. or Item 23 s	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch							
DING PHYSICIA After this certificate with the marked, or	- 1	27. MANNER OF DEATH  1 Netural S Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED					
RECTOR: A PRECTOR: A PRECTOR: A PRECTOR: A PRECTOR: A PRECTOR: A PRECTOR A P		3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	ecily)			281. LOCATION (Street City or Town, State)	)	ral Route Number,				
7 10 -	5	one) 2 MEDICAL EXAMINE	CIAN: To the best of my known			death occured at the	time, date end place, er	nd due to the caus					
TO THE HOSPITA TO THE FUNERA De filed within 7. IMPORTANT: 1		29b. SIGNATURE AND TITLE OF CENTIFIER  30. NAME AND ADDRESS OF PERSON WH	Comma	PATH STEM ON SE	To Defeat	DH6 4			NED (Month, Day, Year)				
		1	NNOR, 5	505 H	PKINS	BAYVIE	w Circle	213	124				
		JAN 17 1995 Jul	22. REGISTRANDSIG	all			<u> </u>						



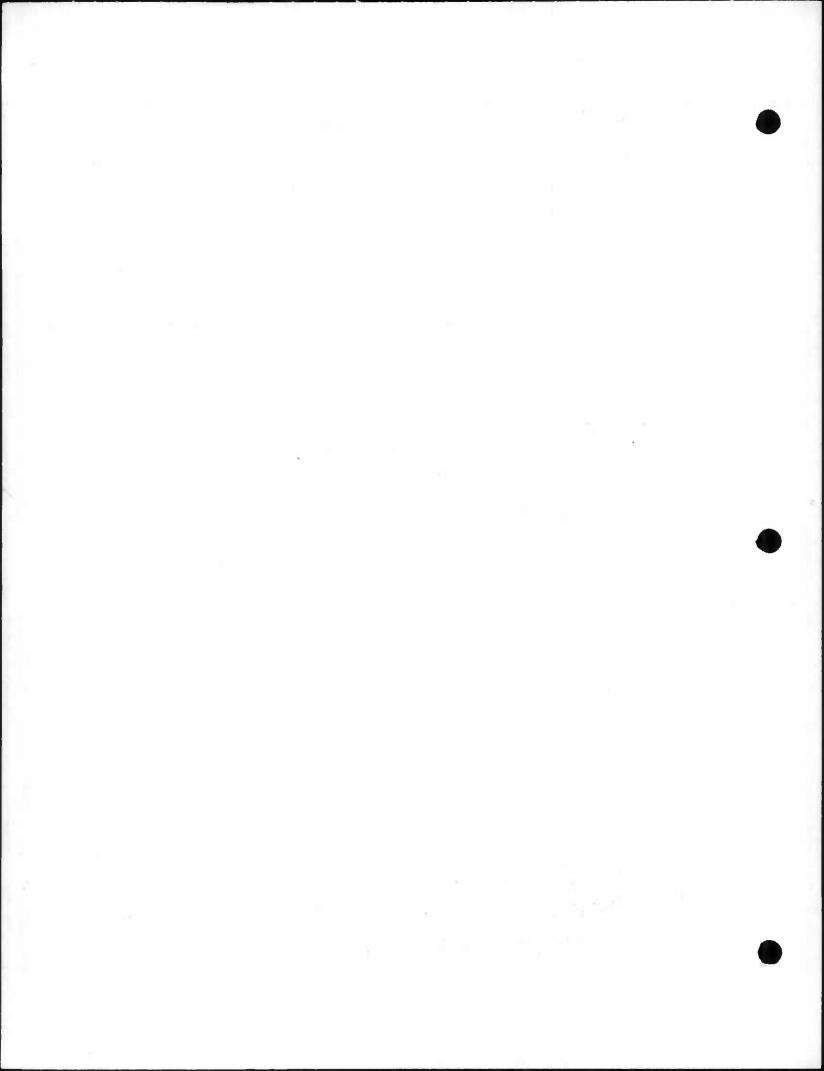
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TEM: ALE	ER F. H. F.II	LM G-719	1/17/95	to t	1150 0 71	19 1/30/95 r	
OR	3: 23 part	STATE OF	MADVI ANI	, T per	MEU G-71	19 1/30/95 r	6

	1 - STATE OF M	ARYLAND C	DEPAR ERTIFI	TMENT OF I	EALTH AND	MENTAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	BERNADINE MARIE			WINCE	K	JAN 1	4 55	1:11 Pm			
		6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign			
3	173-24-9954 1□ M 2 🟋 F	64	YRS.			9/29/193		nsylvania			
œ	9a. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF D	EATH	9c. COUNTY OF				
5	1803 TYLER ROAD			D	JNDALK		BALTIM	ORE COUNTY			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY			
	Maryland Baltimore		Du	ndalk				1 TES 2 X NO			
FUNERAL	100.2 Mrs.1 on Dood			10	. ZIP CODE		10g. CITIZEN OF				
JNE	1803 Tyler Road  11. MARITAL STATUS  12. WAS DECEDENT	EVER IN U.S. A.	BMED.	12 WAS DEC	21222	NIC ORIGIN? (Specify Yea	U.S.A	E — American Indian,			
	1 Never Married 2 Married FORCES? 1	YES 2 X		If yee, sp		an, Puerto Rican, atc.)	Blac Spec	k, White, atc.			
ЭВУ	3X Widowed 4 Divorced					·		White			
Ē	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(0		USUAL OCCUPATION done during mo		16b. KIND OF BUS	BINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  10th  Inspector  Factory Owens III										
OM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE C	Andrew Oley Frances Sweda										
10	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Carolyn L. Selvey 1803 Tyler Road Dundalk, Maryland 21222										
	20a. METHOD OF DISPOSITION  1   Burlel 2   Cremetion 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of generally, cremetory or other place)										
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lurrin	op se	22. NAME AI	DID. I/I	0/195 TC	owson, Ma	ryland			
	<b>&gt;</b>			Duda-I	Ruck Fund	eral Home o	f Dundal	k, Inc.			
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ALCOHOL AND MIXED DRUG INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other algnificent conditions contributing to d	leath but not	resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC	DID TOP ACCOUNT CONTRIBUTE TO CAL	ICE OF DE	XII VE					YES 2 NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL			(Check only one)	UNCERTAIL	NU					
SIC	EXAMINER?  1 TYES 2 NO 1 Inpatient 2 II			OTHER:	5 N Residence	8 Other (Specify)					
둦	27. MANNER OF DEATH 28s. DATE OF III (Month, Day	YJURY	28b. TIME	OF . 28c. INJ		28d. DESCRIBE HOW IT	JURY OCCURED				
BY	1 Netural 5 Pending FOUND: 1/	14/95	11:00	M 1 🗆 1	ES 2XX NO	UNKNOWN					
COMPLETED	3 Suicide 8 XXCould not be building, at FOUND: H	rc. (Specify)	ome, farm, st	reet, factory, offic		261. LOCATION (Street a City or Town, State) BALTIMORE C	nd Number or Rurel I 1803 TYLER	RD., DUNDALK			
PLE	29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of m	ly knowledge, de	eath occurred	at the time, date	and place, and dua						
8	000					time, data and place, and		) and menner as stated.			
BEC	296. SIGNATURE AND TITLE OF CERHPTER				29c. LICENSE NUI		29d. DATE SIGNED				
2	1900				O.C.M	.E.	▶ JAN	15,1995			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE				reet, B	altimore	, Maryl	and 21201			
	JAN 1 7 1995 Juli day	S SIGNATURE									
		TO SERVE	4								



TIMORE, MARYLAND 21215-0020

0X 68760 BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Chan David Handle Handle and Alexand H	or the 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOST FOR THE POING PHYSICIAN; The law requires that the death certificate by	TO THE FUNDMENT WHENTO After this certificate has been signed by the attending physicia	De med with the result with the State Cept. Of regult and method in 1990me provide build, detration, of lettings, IMPORTANT If their 25th marked, or free 23 shows any injury, or other traumatic event, the medical ax

Zank marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 Accident

3 Suicide
4 Homicide

										)				
	1 - STATE REGISTRAR	TE OF MARYLAN	ND / DEPAR	RTMEN'	T OF H	IEALTH DEA	AND N		YGIEN EG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH		WEAR	3. TIME OF DEATH		
		essberg						Januar	у	<b>^</b> 13 1	995		М	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In )	yrs. last birthdey)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF E			8. BIRTH	HPLACE (State or Foreig	107	
	LIO LL 1000		7 YRS.						iry :	21,18	97	Maryland		
œ	9a. FACILITY NAME (If not institution, give street and n						ION OF DE			9c. COU	INTY OF D	EATH		
5	Greenery Nirsing Hom	ne		Baı	ltimo	ore,	City							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN C	OR LOCAT	ION						10d. INSIDE CITY		
	Maryland		ity					LIMITS?						
₹ I	10e. STREET AND NUMBER					. ZIP COD	Œ		10g. CITIZEN OF WHA					
106. STREET AND NUMBER  3220 Montebello Terrace  107. ZIP CODE  108. CITIZEN OF WHAT CO  21214  U.S.A.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No - 14. RACE - Armeter of the policy of the p														
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Id. RACE — Americal II yea, specify Cuban, Maxicen, Puerto Rican, stc.)  14. RACE — Americal II yea, specify Cuban, Maxicen, Puerto Rican, stc.)												E — American Indian, k, White, etc.		
3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify:  Specify:  Lib i + O														
	15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION													
E	(Specify only highest grade completed,	d) e (1-4 or 5+)	(Give kind of a life. Do NOT us	work done i	dudea mos	st of working	ng							
COMPLETED	8	(170 67 57)	Hom	nemak	er				0wn	Home				
00	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	ME (First, Middle	, Maiden	Surname)	-			
BE	Joseph Cramer							urphy						
9	19a. INFORMANT'S NAME (Type/Print)		1			nd Number	r or Rural A	loute Number, C	ity or Tow	n, State, Zip	p Code)			
- 1	Mr. Wayne Geisbert		3411			Plac		212						
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 20b. PL	KWOOD O					1/16/9						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//						ick Fu	nera	1 Hor	me. :	Inc.		
	Monald & Schales	shi _			5305	Har	ford	Rd. Ba	alto	. Md	. 212	214		
	23. PART I. Enter the diseases, or complicate shock, or heart fellure. List only	tions that caused th	ha death. Do i	not anter	the mor	de of dyl	ing, such	as cardiac	or reapi	ratory arr	reat,	Approximate		
	IMMEDIATE CAUSE (Final	SOUNDOWN COMME		11		4 ,	0					Onset and De		
	disease or condition a	Congl	stine	14	en	オー	Fou	luce						
		DUE TO (OR AS A CO	ptine ONSEQUENCE OF	F):	= 11	1	40	n .						
No	Sequentially list conditions,				: K	ear	7 1.	rea	20					
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF	F):										
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	FI:								-		
CERTIFICATION	resulting in death) LAST			r <sub>P</sub>								Ì		
- 11	TARRES AS THE SAME OF THE SAME AS A SAME A													
X	PART II. Other eignificant conditions contrib	juting to death but	not resulting	In the un	idarlying	j cause g	given in F	Part I. 24e.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDIN		
ğ	- Freunoua							10	YES 2	NO		COMPLETION OF CAUS OF DEATH?	3	
PHYSICIAN: MEDICAL	DID TOO LOOK LICE CONTRIBUTE	77 441147 67				-						1   YES 2   NO		
AN	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEAT			UNC	ERTAIN							
ž Z	EXAMINER? HOSPI	ITAL:		OTHER	R:									
HYS		atlant 2 ER/Outpatie	ent 3 DOA	-	sing Home			28d, DEŞCRIB			- Linean			
7	1 Natural 5 Pending	(Month, Day, Year)		JURY	WOF	RK?		280, DEŞUMB	E HUW II	IJUNT U.	DUMED			

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and menner os stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

29b. SIGNATURE AND TITLE-OF CERTIFIER

Investigation

Could not be

29d. DATE, SIGNED (Month, Day, Year) 14/95

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

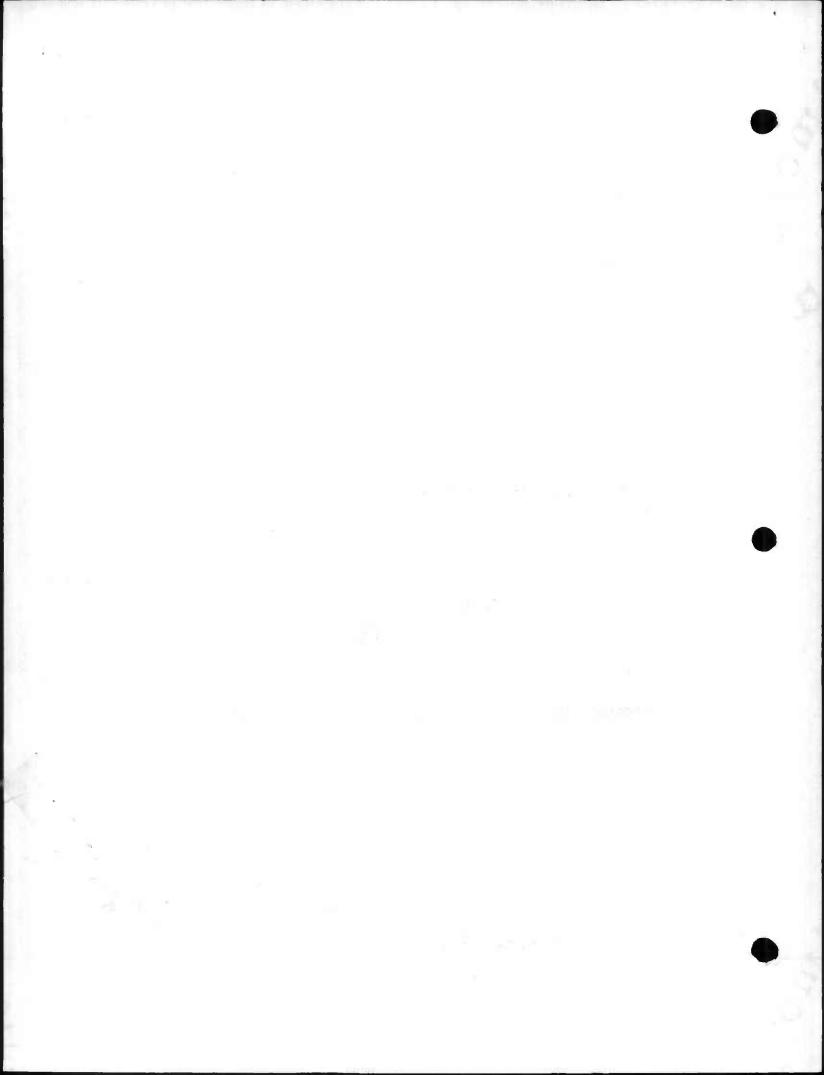
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 411 So. Elwood Ave. Melito M. Torres 31. DATE FILED (Morth, Day, Year) JAN 17 1995 21224 M.D

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BALTIMORE, MARYLAND 21215-0020	fours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

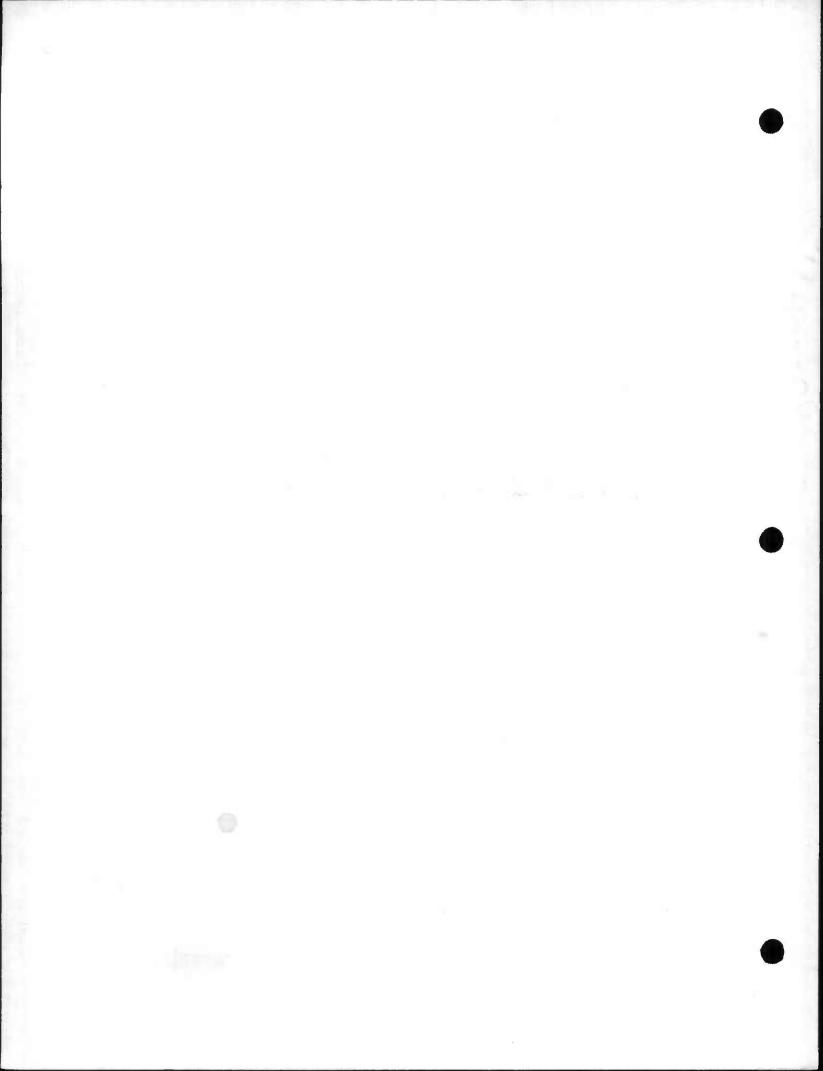
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE						
	1. DECEDENT'S HAME (First, Middle, Last)	Christopher				2. DATE OF DEATH DAY January 10	YEAR	3. THE OF DEATH				
	4. SOCIAL SECURITY NUMBER 216-56-6111	5. SEX 6. AGE (	In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr 8, 1961	8. BIRT Coun	HPLACE (State or Foreign try)				
TOR	3. FACILITY NAME (If not institution, give s  3. Teacher Ct.  RESIDENCE OF DECEDENT	treet and number)		Parkvil	le		Baltimore County					
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY	more Co.		town or Locate	ON		10d. IHSIDE CITY LIMITS? 1 YES 2 W NO					
FERAL	3 Teacher Ct.			10f.	ZIP CODE 21234	1	WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	II yes, spe	NDENT OF HISPANI cify Cuban, Maxican 2 ☆ NO Specify:	C ORIGIN? (Specify Yes or , Puerto Rican, etc.)	No- 14. RAC Blain Spe	E — American Indian, ck, Whita, atc. city: White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  2 years  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. Kimb of Business/Impustry  16. Decedent's USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
₩ O	17. FATHER'S NAME (First, Middle, Last)	z years	nair Sty	riist	18. MOTHER'S NAM	Salon  E (First, Middle, Meiden Sur	mame)					
BE 0	James Robert Wi	1kinson				ret Bagely						
헏	19a. INFORMANT'S HAME (Type/Print)					oute Number, City or Town, S						
	Mrs. Denise Wilki 200. METHOD OF DISPOSITION		1817 Te	mpleclif		Pikesville.	MD 2	1208				
	1 Burial 2 💢 Cremation 3 🗆 Ram 4 🗆 Donation 6 🗆 Other (Specify)	oval from State	netery, crematory or other	er place)	Inc.	1-11 Hamp						
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AH	ADDRESS OF FAC	ILITY						
	John V	Mynel	1/2			uneral Dire d. Randalls						
	IMMEDIATE CAUSE (Finel	complications that caused List only one cause on e	the deeth. Do no ach line.	et enter the mod	le of dying, such	as cardiac or respirat	ory arrest,	Approximeta interval Between Onset and Death				
CERTIFICATION	disease or condition resulting in death)  a. Due to lon as a consequence of:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Due to lon as a consequence of:  Due to lon as a consequence of:  Due to lon as a consequence of:											
MEDICAL CI	PART-II Other aignificant condition	s contributing to deeth b	ut not reculting in	the underlying	ceuse given in f	Part I. 24s. WAS AN AU PERFORME 1 VES 2	107	NAME AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
X	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	TX C		1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Sells	26. PL/	ACE OF DEATH (Che	5 74 CO						
PHY	27. MANHER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 2Bo-JHJU	BY AT	26d. DESCRIBE HOW IHJU	JRY OCCURED					
BY	1 Netural 5 Pending 2 Accident investigation			M 1 🗆 YI								
ED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, atr	reet, factory, offica		28f. LOCATIOH (Street and City or Jown, State)	Number or Rurel	Route Number,				
OMPLET		ICIAH: To the best of my know										
CO	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation.	, in my opinion, de	ath occured at the t	lme, data and place, and d	lus to the cause	a) and munner as stated,				
TO BE	295. SIGNATURE AND TITLE OF CERTIFIER	1. 2	som	1	Dr do	982 2	DATE SIGNE	Month, Day, Year)				
	30. HAVE AND ADDRESS OF PERSON WH	L. LE	SIN	) Mis				(				
	JAN 1 7 1995	32 REGISTRAR'S SIGH	Lett									



ITEMS: 23 part I,27,28a,b,d,e,f per MEO 1/27/95 G-719 reb

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGII						
	1. DECEDENT'S NAME (First, Middle, Last)			Wilkins		2. DATE OF DEATN		3. TIME OF DEATN				
	SCOTT	Anthony		WILKE		JAN 11	. 1995	7:10 P M				
	4. SOCIAL SECURITY NUMBER	1117474	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year	8	BIRTHPLACE (State or Foreign Country)				
	215-56-6126		30 YRS.	MONTHS DATE	HOURS MIN.	DEC 15,		Maryland				
æ	9e. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATN				
<u>S</u>	FRANKLIN SOUA	RE HOSPITA		ESSI	EX		BA	LTIMORE				
ш	10+. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY				
DIR	Maryland	Baltimore		Parky	7ille			LIMITS?				
AL	10e. STREET AND NUMBER			101	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL	2 Thurmont Court	Apt 2D	_		21236		U	.S.A.				
5	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yea or No- 14	I. RACE — American Indian, Black, White, atc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specif			Specify:				
8	15. DECEDENT'S EDU	CATION	16. DECEDENT'S	USUAL OCCUPATION	ON .	165 8000 05	BUSINESS/INDUS	White				
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a	work done during mo	ost of working	160. KIND OF	BUSINESS/INDUS	SINT				
P	9th		Electric	al Techr	nician	Alger	Electr	ical Co				
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid		1001				
ш	James Rober	t Wilkinson			Mars	garet B	agely					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or		ode)				
-	Mrs. Tina M. Wilk	inson	3720 L	amoine F	Road Ran	ndallstow	n, MD	21133				
	20a. METHOD OF DISPOSITION 1 (X Buriel 2 Cremation 3 Remo	oval from State Can	PLACE AND DATE (	OF DISPOSITION (Na	ame of	DATE 20c.	LOCATION — CIT	y or Town, State				
	4 Donation 5 Other (Specify)	Wo	odlawn C	emetery			oodlawn	, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Δ		Byers I	cury Funeral Di	irector	s. Inc.				
	Jamas B	Coven	1/					n, MD 21133				
	23. PARY I. Enter the diseases, or of shock, pr heart failure, in immediate CAUSE (Final disease of condition resulting in death)	a. ACETAMINOPHE	act line.	TION	de of dying, auc	h ee cardiac or re	spiratory arres	Approximata interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infileted events resulting in death) LAST  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):  d											
AL	PART II. Other algnificent condition	a contributing to death b	ut not resulting l	n the underlying	g cause given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC							2 NO	COMPLETION OF CAUSE OF DEATH?				
ME						_   / .		1 TES 2 NO				
ÿ	DID TOBACCO USE CONTI				UNCERTAIN	4 🗆						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	20. PLACE OF DEAT	H (Check only one) OTHER:								
XS	1 VES 2 NO	1   inpatient 2   ER/Outp		4 Nursing Nom	e 6 🗆 Rasidence	6 Other (Specify)						
PHY	27. MANNER OF DEATN  1 Natural 5 Pending	(Month, Day, Year) 1-10-95		URY WO	RK?	28d. DESCRIBE NO						
BY	2 Accident Investigation	260. PLACE OF INJURY	UNKNO		ES 2 NO	SUBJECT II						
8	3 (X)/Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	= At nome, term, a	ereet, rectory, ome	•	20f. LOCATION (Stree City or Town, Ste						
COMPLET	29a, CERTIFIER						IIMORE, M	D.				
M	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know										
8	1.1	on the base of elamination	Toror investigation	n, in my opinion, d			end due to the c	cause(e) end menner ee stated.				
BE	THE SECRETURE AND TITLE OF CENTIFIER	Je (X)	41.1		29c. LICENSE NUM			HGNED (Month, Day, Year)				
2	30. HAME AND ADDRESS OF PERSON WIN	COMPLETED CALLOS OF THE	THU UT	Drivel .	0.C.	M.E.	JA	N 12, 1995				
	MAPLO & GOLG	1 +20 11 1	/		. D-1	+ i m a	Maren	and 21201				
	31. DATE FILE CLASS CO.	32 GE STRATE SIGN	ATURE -	n stree	er, Bal	стиоте,	Maryl	and 21201				
1 1	Greet & / Ellip	THE PARTY OF THE PARTY OF	WORKER !!									

		1 - STATE REGISTRAR		OF MA	RYLAND	/ DEPAR	ICATI	OF H	DEAT	H	NTAL HYGIEN REG. NO				
	1	1. DECEDENT'S NAME (First, Middle JENNIE REGINA									DATE OF DEATH DATE OF DATE OF		YEAR	7:00 A M	
	1 8	4. SOCIAL SECURITY NUMBER	5. SEX	6.	AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER	24 HRS. 7.	DATE OF BIRTH		BIRTHPL	ACE (State or Foreign	
9		190-18-1649 1 M 2 X F 78 YRS. MONTHS DAYS MOUTHS MIN. AT									(Month, Day, Year) Country) AUG. 24, 1916 PENNSYLY			YT.VANTA	
3 should	_	9a. FACILITY NAME (If not institution			9b, CITY	TOWN C	R LOCATIO	N OF DEATH		7	NTY OF DEATH				
ei.	СТОВ	1708 WICKES AVI						В	ALTIM	ORE					
Pages 1,	EC		COUNTY			10c, C(1	ry, town o	OR LOCAT	ION				10	d. INSIDE CITY	
- <del>-</del>	DIRE	MARYLAND						BALT	IMOR	E		1)	LIMITS?		
permit.	RAL	100. STREET AND NUMBER						101	ZIP CODE			N OF WHA	T COUNTRY?		
an. Transil	FUNE	1708 WICKES AV								230			U.S.	Α.	
215-0020 attending physician. ise as the burlal-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCE		VER IN U.S. A YES 2 X OR DATES						RIGIN? (Specify Yas serto Ricen, atc.)	Black, V Specify:	American Indian, //hite, etc.  WHITE		
Tattend use as	8	15. DECEDENT (Specify only highes	'S EDUCATION at grade completed)		16a. C	ECEDENT'S	USUAL O	CCUPATIO	N et of working	-	16b. KIND OF BUS	SINESS/INDUS	STRY		
N O D	LET	Elementary/Secondary (0-12)	College (1	-4 or 5+)	#	b. Do NOT u	se retired.)	uuring mo	it or working						
AND 2 he hospital detached for	COMPL	8TH GRADE  17. FATHER'S NAME (First, Middle, Li			H	OMEMA	KER					IOMEMA	KING		
YLAND by the hospit be detached at once.	Ш	JOSEPH HENNING								LINE H	First, Middle, Meiden	Sumame)			
retained 5 should notified	8		19e. INFORMANT'S NAME (Type/Print)					(Street e			Number, City or Tow	n Stein Zio C	orie)		
5 50 5		ROBERTA L. TIV									)				
		ROBERTA L. TIVVIS  1708 WICKES AVENUE - BALTIMORE, MD 212  20s. METHOD OF DISPOSITION 1   XBurlet 2   Cremetion 3   Removal from State  20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place)										y or Town,	State		
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE    A   Donetton   8   Other (Specify)   ODD   FELLOWS CEMETERY   1/19   NORTHUMBERLAND CO.,   Commelton   8   Other (Specify)   1/19   NORTHUMBERLAND CO.,   Commelton   1/19   NORTHUMBERLAND CO.,   Co											CO.,PA		
death. Page funeral dire i.		21. SIGNAL ONE OF FUNERAL SERV	ICE LICENSEE				Η̈́Ü	BBAR	D FUI	NERAL	HOME, IN	IC.			
W - 2 W		pickee	IN.A	nan	med-	~	41	07 W	ILKE	NS AVE	NUE - BA	LTIMO	RE, 1	① 21229	
d within 24 hours after ompletely filled in by the cremation, or remove event, the medical		shock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition												
th certificate be execute tending physician and or it Hygiene prior to burian or other traumatte.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d													
that the the that and M any Inju	EDICAL	PART II. Other algolificant con	ditiona contribu	ting to dec	eth but not	recuiting	In the un	derlying	ceuse g	Iven in Part	I. 24a. WAS AN PERFOR	MEO?	AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE OEATH?	
2 9 9 5	Σ	DID TORACCO LISE CO	ONITRIBUITE T	O CALLO	FOFRE	ATL 1							1 (	YES 2 JANO	
law las t Dept	A	DID TOBACCO USE CO		O CAUS		CE OF DEA			UNC	ERTAIN [					
- F 2 2 5	PHYSICI	EXAMINER?	HOSPIT		l/Outpatient		OTHER	t:		aldenne 8 🗆	Other (Specify)				
HYSICIA his certif with the	Ť	27. MANNER OF DEATH	28a. D	ATE OF INJ	URY	28b. TIM		28c. INJU	IRY AT		. DESCRIBE HOW II	JURY OCCUI	RED		
NG PHYS fter this path with	ВУ	1 Netural 5 Pending 2 Accident Investig		norm, buy, r	001)		M	1 🔲 Y	ES 2	NO					
OR ATTENDING PHYSICIAN: OR ATTENDING PHYSICIAN: ORECTOR After this certifica	ETED	3 Suicide 8 Could n 4 Homicide determin	D D	LACE OF IN uliding, atc.	JURY At h (Specify)	ome, tarm,	street, fact	ory, office		281.	LOCATION (Street a City or Town, State)	nd Number or	Rural Rout	Number,	
THE HOSPITAL OR	ONN										e cause(e) end men		euse(a) an	d menner as stated.	
8 8	<b>1</b>	296. SIGNATURE AND TITLE OF CEI	RTIFIER						29c. LICE	NSE NUMBER	7	29d. DATE S	IGNED (Mc	onth, Day, Year)	
₽ ₽ 2 <b>X</b>	0	gra- Ottom- MD D4085								850		D 1/1	6/95		
	-	DR. YVONNE OTTA	viano -	DEPT	ONCOL	OGY — S	ST. A	GNES	HOS	PITAL-	-900 S. 0	CATON		21229	
		JAN 1 7 1995	Jalu 32 Da	GISTRAR'S	Randall.										



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FIGURE TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

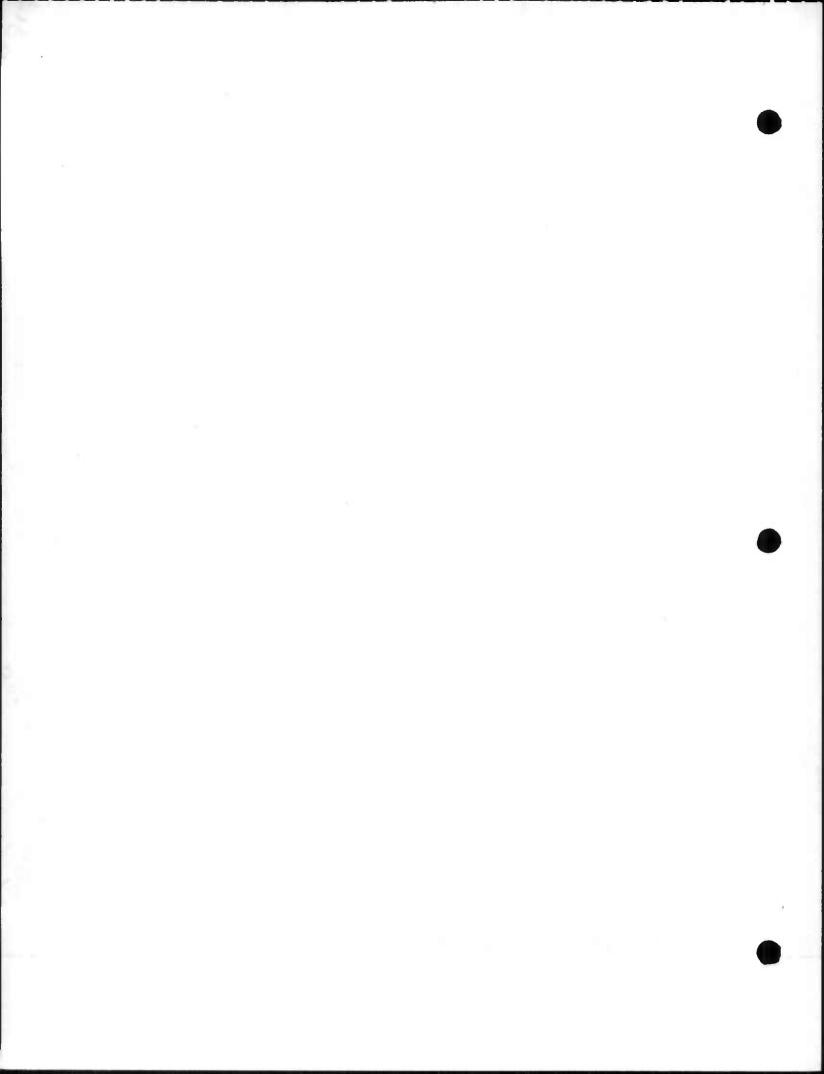
The control of the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should not be some that the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.

The man are as is marked, or item 23 shows any injury, or other traumadic event, the medical examiner must be notified at once.

1		-	S	TA	TE		3	AF
	1.	D	EC	ED	EN	T'5	5	N/
ь							,	-

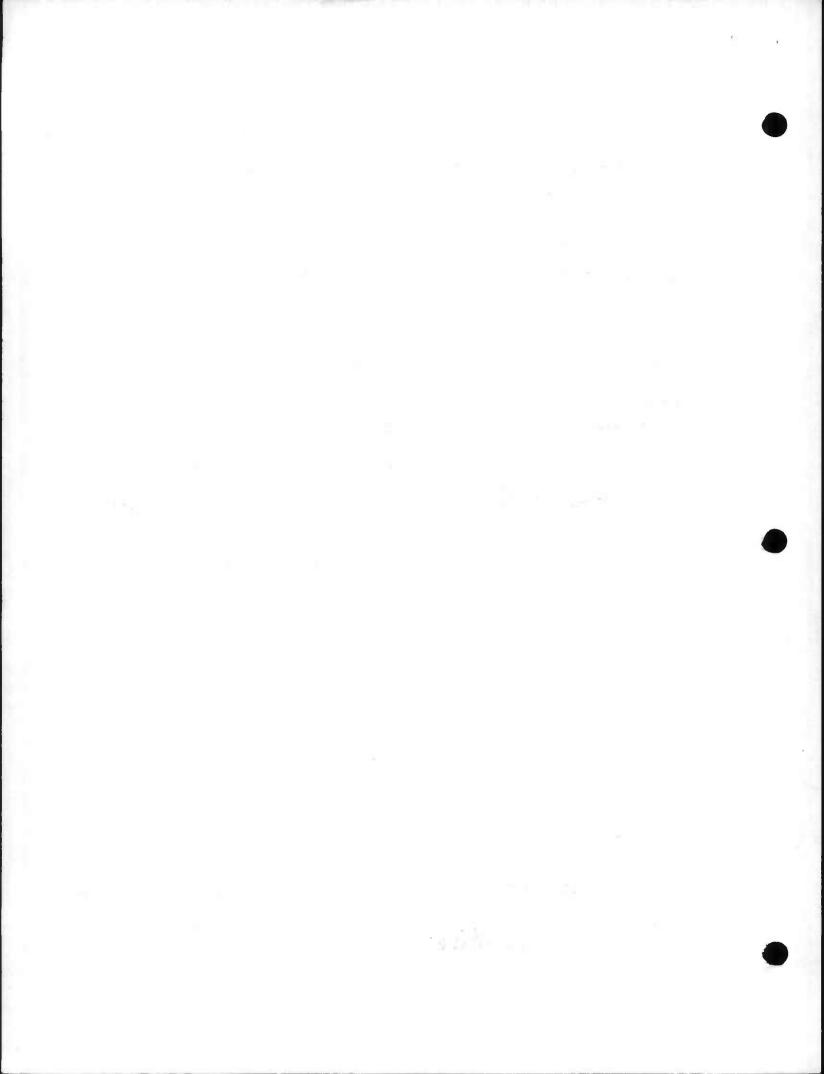
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedistrian			EHIL	ICALE	Ur	DEAL	П	R	EG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF I			3.	TIME OF DEATH
	Gertrude	Irene	Wase:	1					Janua	ry "	16,1	995	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH		B. BURTHPL	ACE (State or Foreign
	217-01-3364	1 ☐ M 2 ☐XF	8	YRS.	MONTHS	DAYS	HOURS	MIN.	April	29,	1913	Country)	
	9a. FACILITY NAME (If not institution, gi	e street and number)		-	96. CITY,	TOWN C	OR LOCATIO					NTY OF DEAT	rginia
8	1501 Shore	Road				Mi	ddle	Ri	ver		E	Baltin	more
DIRECTOR	RESIDENCE OF DECEDENT												
W	10a. STATE 10b. COU			10c. CIT	Y, TOWN O							10	d. INSIDE CITY LIMITS?
	Md.	Baltimor	е			i	Midd	1e .	River			1.	YES 2 TO NO
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF WHA	T COUNTRY?
FUNERAL	1501 Shore	Road						2	1220			USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13. ¥	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (S	pecify Yea	or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Married	IF YES, GIVE		VINO			ecify Cubar 2 NO		, Puarto Ricar	1, atc.)		Black, W Specify:	hite, atc.
	3 XWidowed 4 Divorced	1											White
Ħ I	15. DECEDENT'S 8 (Specify only highest gi	DUCATION ade completed)		DECEDENT'S (Give kind of	work done d	CUPATIO	ON st of workin	g	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)	irie. Do NOT u	se retired.)								
M M	12th			Hous	sewi	Ee_							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								NE (First, Middl				
BE		bard						ste		ohn			
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, C			_	
	Robbie Hue	sman			)1 SI			ad	Ba1t	imo	re M	1d. 2	1220
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremelion 3 R	emoval from State	cemetery	E AND DATE	ther placel				DATE			City or Town,	-0.23
	4 Donation 5 Other (Specify)		Gar	dens	of I					R	ossv	rille	Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSER	11				D ADDRES			Ho	m o o	e Fa	COV
	1. Zen	M ( ans	1001	,			_		neral e. Ba				
	23. PART I. Enter the diseases,	or complications the	t caused the	death. Do i	not anter	the mo	da of dyl	ng, auch	an cardiac	or reapli	ratory an	reat,	Approximata
	ahock, or heart failur IMMEDIATE CAUSE (Final			1090.0									Interval Batween Onset and Death
	disease or condition resulting in death)	Bron	choron	i C	4RC 11	Joa	NA	mes	tacta	tie			13 months
ı	resolding in death)	a. Bron	(OR AS A CONS	SEQUENCE O	F):	00,,	1	1101	us i u	110			NINON INS
z		- b.	0										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEOUENCE O	F):								
2	CAUSE (Disease or injury	C		-									
<b>E</b>	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE O	F):								
H	resolding in duality CAST	d,											
	PART II. Other significent condit	ona contributing to	death but no	t resulting	in the unc	derivino	cause q	iven in F	Part I. 24a	. WAS AN	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS
EDICAL		-								PERFOR	MED?	AM	MALABLE PRIOR TO
									_   10	YES 2	NA	OF	DEATH?
Σ	DID TOBACCO USE CON	ITDIDLITE TO CA	UCE OF DE	ATLL M		- F	1010	ED-411	7/	,		1 (	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	T T T T		ACE OF DEA			UNC	ERTAIN	I XI				
<u>iii</u>	EXAMINER?	HOSPITAL:			OTHER	:	1-1						
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM	7	ing Hom- 28c. INJ		sidenca 6	28d. DESCRIE		. # # O O	211252	
	1 Natural 5 Pending	(Month, E			URY	WO	RK?	NO	26d. DEŞCHIE	SE HOW IN	JUHY OC	COHED	
B	2 Accident Investigation 3 Suicide & Could not	28e, PLACE C	F INJURY — At	home, ferm.	ttreet facto			-	28f. LOCATIO	M /Street e	nd Mumbas	or Guest Bout	Alumbar
	4 Homicide 6 Could not datarmined	building,	atc. (Specify)			.,,			City or To	wn, State)	ru rumum	or north noote	Number,
COMPLETED	29e. CERTIFIER					11 27	In the state of						
₽ II	(Check only	YSICIAN: To the best of											
8		NER: On the basis of a	Carmination and/o	or investigation	n, In my op	inion, de	eath occur	ed at the t	lme, data and	placa, and	dua lo th	e cause(a) an	d menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	IER /					29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED (Mo	onth, Day, Year)
2	Carrier	Bunda	10				D3	363	27		1	17-9	
7	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)		1		BA	40, 1	UD		
		TERRA 90	30 tra	nklin	Sau	ane	, Dri	ve	2	123	7		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	BIS SIGNATURE		7								
- 16	THE FIRMS A	we do impressed	ALCONO.										



BALTIMOF	ours after death. Page 6 m	I in by the funeral director, or removal
DIMISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HEADING WITH THE COURS THE LAW REQUIRES that the death certificate be executed within 24 nours after death. Page 6 m	TO THE FLY DAY CIPECTOR After the contrade has been signed by the attending physician and completely filled in by the funeral director, the filed willow be filed willow be filed willow.

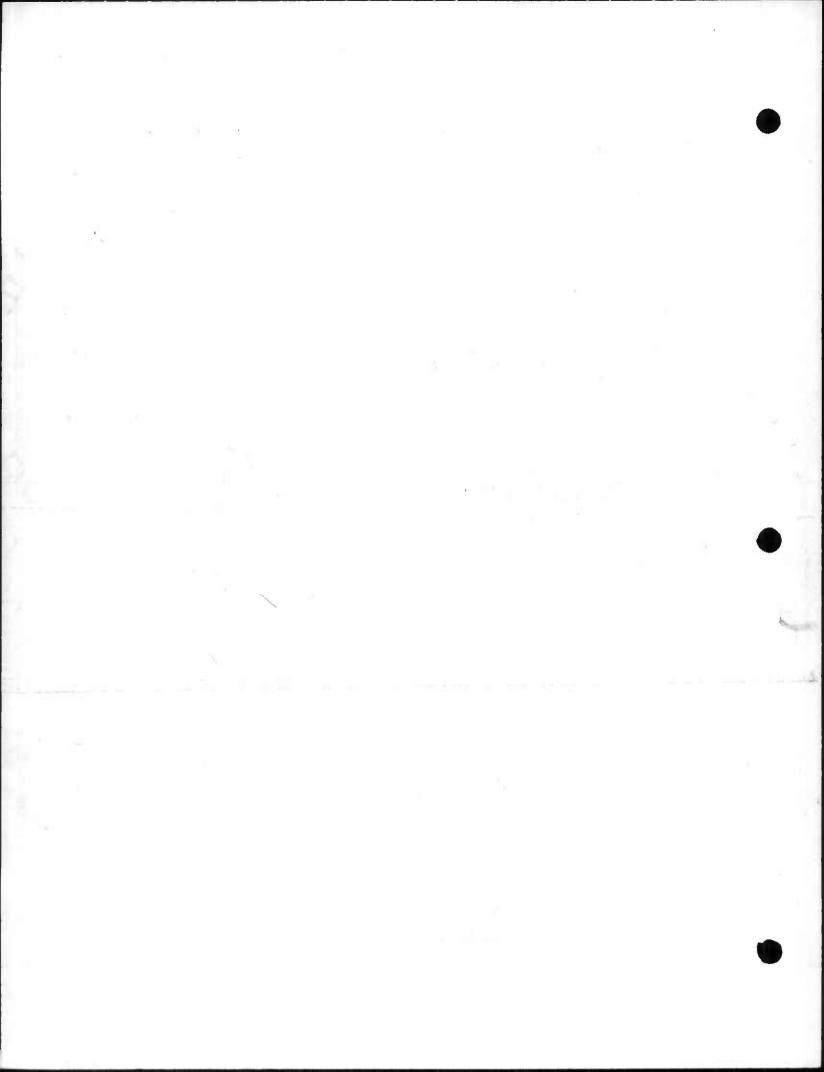
		1 - STATE REGISTRAR	STATE OF MARYL					IEALTH AND	MENT	AL HYGIEN			
	Ţ	1. DECEDENT'S NAME (First, Middle, Last)	MARGI						MOI	E OF DEATH	<b>1</b> , 19	YEAR	3. TIME OF DEATH
1		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	ARET		IF UNDER	4 9240	IF UNDER 24 HRS	_	uary I	.i, 15		4:15 pm
	- 4			31	YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	oth, Day, Year)	012	Countr	IPLACE (State or Foreign
		9a. FACILITY NAME (If not institution, give str		ΣŢ	1110.	or orra	TOUR C	OR LOCATION OF	~	t 25,1	_		Jersey
	CTOR	Golden Oaks Nursi					rel	OR LOCATION OF	DEATH		9c. COUN Prin		George
	8	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
- 1	DIRE	New Jersey Monmo	uth		Nor	otune						- 1	LIMITS?
	AL	10a. STREET AND NUMBER	4611		IVE	Julie	- 7	. ZIP CODE			10a CITIZ	EN OF W	VHAT COUNTRY?
	ER/	2305 W. Bangs Ave						07753					mai cookinii
	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. AR	MED	12 3		ENDENT OF HISE	ANIC ORIG	MAN 40 M. W.	USA		
		1 Never Married 2 Married	FORCES? 1 YES	2 X N		1 1	f yes, sp	ecify Cuban, Max	ican, Puert	o Rican, etc.)	a or No-	Blaci	American Indian, k, Whita, etc.
	8	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAR ON DE	AIES		'	∐ YES	2 NO Spe	city:			Speci	White
	8	15. DECEDENT'S EDUC			CEDENT'S				1	Bb. KIND OF BU	ISINESS/INDL		
- 1	ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/	ve kind of a Do NOT us	work done ( se retired.)	during mo.	st of working					
	릴	Grade 12		Sa	les (	lerk				Pharma	CV		
once	COMPL	17. FATHER'S NAME (First, Middle, Last)		, Da.		7101	-	16. MOTHER'S	NAME (First				
76		(unknown)	,Tc	ohnso	าท			(unkno			,		
notified	BE (	19s. INFORMANT'S NAME (Type/Print)				ADDRESS	(Street a	nd Number or Run		mber City or Toy	vn. State Zio	Code	
100	2	Brenda Kearns						Avenue					20707
90		20a. METHOD OF DISPOSITION	206		NDDATE		_				CATION — C		
una.		1 Donation 5 Other (Specify)	val from Stata cem	netery, crei	matory or o	ther place)			1				
5	- 1	21. SIGNATURE-OF PUNERAL SERVICE LICE	NSEE .	a. Co	alvar			D ADDRESS OF	FACILITY	14] Nep	tune,	New	Jersey
ä		· (1)11-111 (.	) //					dson Fur		. Home,	P.A.		
. × ×	_	Woll It you &	bollype			31	3 Ta	albott /	Ave.	Laurel	, Mar	vlar	nd 20707
medical examiner must be		23. PART i. Enter the diseases, or co shock, or heart failure. Li	int only one cause on a	d the de	ath. Do r	ot anter	the mo-	da of dying, su	uch as ca	rdiac or resp	iratory arre	st,	Approximate
3 8	- 1	IMMEDIATE CAUSE (Final	A /	Jech mie.			,			1			Interval Between Onset and Death
the .	- 1	disease or condition resulting in death)	NU	ml	Um	0	ker	ry 1	4	la la	ti		
event,		a.	DUE TO (OR AS	CONSEC	UENCE O	ŋ: /	-	01		and the same			1
atic e	z	<b>C</b> N											
3 8	윤	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSED	UENCE O	F):							
T tra	2	CAUSE (Disease or injury											
othe	E	that initiated events	DUE TO (DR AS A	CONSED	UENCE OF	<b>ጉ</b> :							
6	CERTIFICATION	resulting in death) LAST											
Injury,		PART II. Other significant conditions	contributing to death h	out not a	esulting	n the un	derlying	ceuse alven l	n Part I	24a. WAS AN	ALTTORNA		WERE AUTOPSY FINDINGS
	SA		The state of the s	ot not it	saciting i	ii tile tili	derlynig	Codsa Given	in Pairt I.	PERFOI	211222	246.	AMAILABLE PRIOR TO
ws any	EDIC		-			_				1 TYES 2	NO NO	1	OF DEATH?
shows	Σ											1	1 - YES 2 - NO
23	ž												
Item	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	1	OTHER		ACE OF DEATH (	Check only	one)			
5	YS	1 PAGES 2 NO	1   Inpatient 2   ER/Outp	patient 3	□ DOA			5 🗆 Residence	8 🗆 Oti	ner (Specify)			
	표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF URY	28c. INJI WO		28d. D	ESCRIBE HOW	NJURY OCC	JRED	
marked,	B	1 Natural 5 Pending 2 Accident Investigation			500	М	1 🗌 Y	'ES 2 ND					
.00		3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At hor	ne, farm, s	treet, facto	ory, office		281. LC	CATION (Street y or Town, State)	and Number o	or Rural R	ioute Number,
28 u	E	4 Homicide determined	2552.A			_				y or rowing diamon			
i e	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowl	ledge, des	ith occurre	d at the ti	me, data	and place, end de	ue to the c	ause(s) and me	nner as state	d,	
	S		: Dn the basis of examination										) and manner as stated.
NA.		29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE N					(Month, Day, Year)
MPORTANT: If	BE	Mis	ul at						671	,	D /	1.	19 6
3 2	2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM	27) (Type.	Print)		0,1	11	-	- 1	116	/13
		A. KUNDAAT					~ 4	LAU	11	n 0	20	4.	7
		31. DATE FILED (Month, Day, Year)	42. REGISTRARA SIGN	ATURE	4	0 / .	-	L M L	1.40	100	10	10	
		IAN 1 7 1005 July	AZ. REGISTRAR SIGNA	T.									
		IAN 1 1333 A											



Hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O., BOX 68760
TO THE HOSPITAL OR ATTENDING PRISIDAN: The law requires that the deal articles be essented within

31. DATE FILEO (Month, Day, Year)

	1. DECEDENT'S NAME (First,	Middle Last			- OLI	RTIFICA		DEA		0.01-	REG. NO			
	RICHARD	D.		TAT 70 (	GNER				İ	MON	TH D	AY 100F	YEAR	3. TIME OF OEATH
3	4. SOCIAL SECURITY NUMB	ER	5. SEX	_	(In yrs. lest b	irthday) IF U	NDER 1 YEAR	IF UNDER	1 24 HRS		N.10,	1995	a Bipti	21:05 P
1	214-62-433	37	XXM 2 DF		41	YRS, MONT		HOURS	MIN.		nth, Day, Year)	953	Counti	γ)
1	Se, FACILITY NAME (If not in	stitution, give :	street and number)		71	96.0	CITY, TOWN	OR LOCATI			1, 1	9e. COUN	TV OF D	MD
N N	1124 S. C						,					Se. Cook	IT OF D	EAIH
CLO	RESIDENCE OF DEC	EDENT						BAL	TIMO	JRE				
DIRE	10a. STATE	18b. COUNT	Υ			10c. CITY, TOV	WN OR LOCA	TION						10d. INSIDE CITY
	4													1 YES 2 NO
FUNERAL	104. STREET AND NUMBER						10	H. ZIP COD	E					WHAT COUNTRY?
W	HOMELESS		I										·S.	Α.
	1 Never Married 2	Married	12. WAS DECEDED	T EVER	N U.S. ARME	ED	If yes, s	pecify Cube	n, Mexicar		IN? (Specify Yes	s or No—	14. RACE Bleck	— American Indian, c, White, atc.
BY	3 Widowed XXDivo		IF YES, GIVE	WAR OR D	ATES	1	1 🗌 YE	SX X NO	Specify:				Speci	" WHITE
ED	15. DEC	EDENT'S EDU	CATION		16a. DECE	DENT'S USUA	L OCCUPATI	ON		16	b. KIND OF BU	SINESS/IND	ICTEV	
	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 8	4)	(Give	kind of work do NOT use retire	one during m	ost of working	ng		o. Killo of Bo	3/NE33/IND	Joint	
립	7тн			-	L	ABORE	R				MOV	ING	AND	STORAGE
COMPL	17. FATHER'S NAME (First, MI	ddle, Last)						16. MOTI	HER'S NAM	AE (First.	Middle, Maiden		AIVE	OTORNOL
Ш	DONALD L.	. WAG	NER						IVIA		. WHI			
0 8	19a. INFORMANT'S NAME (7)	(pe/Print)			19b, I	MAILING ADDR	RESS (Street				nber, City or Tow		Code)	
۱۲	KATHLEEN	WILL	IAMS		41		REY				LTIMO		MD	21225
ĺ	20a METHOD OF DISPOSITI	ON	1			D DATE OF DIS		ame of		OA'	TE 20c. LO	CATION — C	alty or To	wn, State
	4 Donation 5 Other	n J⊔ Rem (Specify)	oval from State	cen	VOSH	ELL C	EMET	FRY	JAN	117	7,1995		-	MORE CI
	21. SIGNATURE OF FUNERAL	BEINGER LIE	mark line of the	_										
- 1		Senaine ru	CENSEE				22. NAME A	ND ADDRE	SS OF FAC	ILITY E				
- 1	De tolet	T	Dr S				HARL	ES	SS OF FAC	TE V	NES F	UNER	AL	HOMEROI
_	23. PART I. Enter the di	20	Des	13	d the deat	q	r501	ES !	FÖRT	TE\	NES F			
		seases, or control fallure.	Des	nt cause	d the deat	q	r501	ES !	FÖRT	TE\	NES F			Approximate
	IMMEDIATE CAUSE (Fin	seases, or chart fallure.	complications the	use on e	d the deati	q	r501	ES !	FÖRT	TE\	NES F			Approximata Interval Between
	SHOCK, OF HE	seases, or chart fallure.	complications the List only one can	AIA	ach line.	h. Do not an	r501	ES !	FÖRT	TE\	NES F			Approximata Interval Between
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NOI	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition	seases, or cleart failure.	complications that List only one can be complicated that the can be complicated to b	AIA O (OR AS A	CONSEQUE	h. Do not an	r501	ES !	FÖRT	TE\	NES F			Approximate Interval Between
SATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLYII	seases, or clarifications.	complications that List only one can be complicated that the can be complicated to b	AIA O (OR AS A	ach line.	h. Do not an	r501	ES !	FÖRT	TE\	NES F			Approximate Interval Between
IFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immed	seases, or clarifications.	a. HYPOTHERN DUE TO	O (OR AS A	CONSEQUE	h. Do not an	r501	ES !	FÖRT	TE\	NES F			Approximata Interval Between
ERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injure cause.	seases, or cart fallure.	a. HYPOTHERN DUE TO	O (OR AS A	A CONSEQUE	h. Do not an	r501	ES !	FÖRT	TE\	NES F			Approximata Interval Between
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D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting to immediate cause. Enter UNDERLYII CAUSE (Disease or Injurithet initiated events resulting in death) LAST PART II. Other aignificant in the initial cause of th	seases, or chart failure.  al  ona, fliate NG Ty  ont condition  SE CONTE  MEDICAL  Pending Investigation Could not be	DUE TO  a. HYPOTHERN  DUE TO  b. DUE TO  d. CIRRHOSI  HOSPITAL: 1   Inpetient 2 (28e. DATE OF (Month, B 1 - 10 - 9)  28e. PLACE Obuilding,	OR AS A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR A COR	A CONSEQUE  A CONSEQUE  A CONSEQUE  DE DEATH  26. PLACE (  Public of the consequence)  A CONSEQUE  A C	h. Do not an  ENCE OF):  ENCE OF):  Ulting in the  YES DF DEATH (Cha  OT H  DOA 4 1 1  18b. TIME OF  INJURY  8:55 P M	NO Ceck only one)    NO Ceck only one)   ER:   Nursing Non   28c. IN, WY   factory, office	g cause g	FORT Ing, such	aa carri I.	PRES 2  24a. WAS AN PERFOR  1 VES 2	AUTOPSY IMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.	Approximate Interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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MPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injurthat initiated events resulting in death) LAST  PART II. Other algnificate  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F  27. MANNER OF DEATH  1 Natural 5 F  29. Accident 3 Suicide 8 G  4 Homicide 1 CERTIFIER (Check only)	seases, or chart failure.  all  ona, flata Middle for the condition  SE CONTR  MEDICAL  Pending investigation Could not be latarmined	DUE TO  a. HYPOTHERN DUE TO  b. DUE TO  c. DUE TO  d. CIRRHOSI  HOSPITAL: 1 Inpettent 2 CA  28e. DATE (Month, E 1-10-9  28e. PLACE C building, 1124  CIAN: To the best of	OF INJURY etc. (Spec S. Cha	A CONSEQUE  A CONS	ENCE OF):  ENCE OF):  Ulting in the  Tyes  Of Death (Chi  186, Time OF  187, June OF	NO Esch only one)  - Underlyin  - No Esch only one)  - LER: Nursing Non  - 28c. IN,  - 1  - factory, office  - al to Me	UNC  UNC  One 5 Re  BURY AT  SPRY 2  Burd place,  and place,	FORT Ing, such Ing, such Ing.	an cert I.	Z4a. WAS AN PERFORM  TO SECRIBE HOW IN ECT EXPONENTS TO TROWN, Steely Baltimuse(a) and mer	AUTOPSY IMEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.	Approximate Interval Betwo Onset and De Onse
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injurthat initiated events resulting in death) LAST  PART II. Other algnificate  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F  27. MANNER OF DEATH  1 Natural 5 F  29. Accident 3 Suicide 8 G  4 Homicide 1 CERTIFIER (Check only)	seases, or chart failure.  all  ona, flieta NG ry  ont condition  SE CONTE  MEDICAL  Pending investigation Could not be latermined  FYING PNYSIC  CAL EXAMINE	Complications the List only one can a. HYPOTHERN DUE TO b. DUE TO c. DUE TO d. DUE TO d. CIRRHOSI  RIBUTE TO CA  HOSPITAL: 1 inpetient 2 (28e. DATE OF (Month, E) 1-10-9 28e. PLACE Obuilding, 1124  CIAN: To the best of R: On the best of A.	OF INJURY etc. (Spec S. Cha	A CONSEQUE  A CONS	ENCE OF):  ENCE OF):  Ulting in the  Tyes  Of Death (Chi  186, Time OF  187, June OF	NO Esch only one)  - Underlyin  - No Esch only one)  - LER: Nursing Non  - 28c. IN,  - 1  - factory, office  - al to Me	UNC  Genth occur  and place, seeth occur	FORT Ing, such Ing, such Ing.	an cert  A \  an cert  Chy  Othe ce  othe ce  ime, determine, dete	Z4a. WAS AN PERFORM  TO SECRIBE HOW IN ECT EXPONENTS TO TROWN, Steely Baltimuse(a) and mer	AUTOPSY IMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	REF JRED COID or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  Street outs Number,
D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting to immed cause. Enter UNDERLYII CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other algnification in the cause of the cause o	seases, or chart failure.  all  ona, flieta NG ry  ont condition  SE CONTE  MEDICAL  Pending investigation Could not be latermined  FYING PNYSIC  CAL EXAMINE	Complications the List only one can a. HYPOTHERN DUE TO b. DUE TO c. DUE TO d. DUE TO d. CIRRHOSI  RIBUTE TO CA  HOSPITAL: 1 inpetient 2 (28e. DATE OF (Month, E) 1-10-9 28e. PLACE Obuilding, 1124  CIAN: To the best of R: On the best of A.	OF INJURY etc. (Spec S. Cha	A CONSEQUE  A CONS	ENCE OF):  ENCE OF):  Ulting in the  Tyes  Of Death (Chi  186, Time OF  187, June OF	NO Esch only one)  - Underlyin  - No Esch only one)  - LER: Nursing Non  - 28c. IN,  - 1  - factory, office  - al to Me	UNC  UNC  UNC  Per 5 Repure 2  UNC  Per 5 Repure 3  UNC  Per 5 Repure 4  UNC  UNC  UNC  UNC  UNC  UNC  UNC  UN	FORT Ing, such Ing, such Ing.	an cert  A \  an cert  Chy  Othe ce  othe ce  ime, determine, dete	Z4a. WAS AN PERFORM  TO SECRIBE HOW IN ECT EXPONENTS TO TROWN, Steely Baltimuse(a) and mer	AUTOPSY IMPEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	REF JRED COID or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  Street  outs Number,  and manner as stated (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

lat the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Mental Hygiene prior to burial, cremation, or removal.
cal	ig physici	d Mental Hygiene prior to b
IAN: The law requires that the death certif	rtificate has been signed b	he State Dept. of Health and
AL DR ATTENDING PHYSICIAN	L DIRECTOR: After this cer	2 hours after death with th
HE HOSPITAL	UNERAI	ithin 72

ITEM: 28a,b,c,e,f, DELETED PER MEO FILM G-726 8/24/95 t.t ITEM: 19b, PER F.H. FILM G-719 1/17/95 t.t

	1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) Charles	Leo Wi	lliams			2. DATE OF DEATH DON'TH DON'TH DON'TH	14 194°C	3. TIME OF DEATH  2350 PM			
	4. SOCIAL SECURITY NUMBER 220-10-3566	11 M 2 □ F 79	rrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (1994) 191	5 a. Birtt	HPLACE (State or Foreign aryland			
TOR	9a. FACILITY NAME (If not institution, give structure) Union Memoria RESIDENCE OF DECEMENT				nore Ci		9c. COUNTY OF	DEATH			
DIRECTOR	10a. STATE 10b. COUNTY Maryland			town on Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	601 Wyanoke Aven	iue		101	ZIP CODE 21218		U.S.A				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	2X NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxican 2 X NO Specify	IC ORIGIN? (Specify Yea , Puerto Ricen, atc.)	a or No 14. RAC Blac Spec	E — American Indian, ck, White, alc. chy: White			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION (completed) 18 College (1-4 or 5 +)	Give kind of wo life. Do NOT use	ork done during mo	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY				
OMP	9th 17. FATHER'S NAME (First, Middle, Last)		Barten	der_	18. MOTHER'S NAM	Tave					
BE	Charles Williams 190: INFORMANT'S NAME (Type/Print)	;	105 MAILING	Inneses (Street a	Mary Sr	napp oute Number, City or Tow	- 0:- 7:- 0:-				
5	Mary E. Herhei		1	Dunmere		oundalk. H	RYLAND _	21222			
	20a. METHOD OF DISPOSITION 1	val from State cemete	ACE AND DATE OF	DISPOSITION (Na er place)	orp 1/16,	DATE 20c. LO	reation - city or to				
	21. SIGNATURE OF FUNERAL RESTVICE LICE	FISEE #	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222								
	20. PART I. Enter the diseases, or co- shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Duart	ne death. Do no	erter the mod	de of dying, such	as cardiac or respi	ratory arrest.	Approximate Interval Between Onser and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LECTOR OF AS PROJECUENCE OF TRUTH PROJECUE										
MEDICAL (	PART II. Other significant conditions conditioning to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIOR ANALABLE PRIOR TO COMPLETION OF DEATH?  24b. WERE NOTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF DEATH?										
AN:	DID TOBACCO USE CONTR				UNCERTAIN	78		1 TYES 2 NO			
PHYSICIAN:		1 Nopellant 2 ER/Oulpetle		OTHER:	5 🗆 Reeldenca 8	3 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE/OF INJURY (Morph, Day/Year)	28b. TIME INJU	RY WO		28d. DESCRIBE HOW I	NJURY OCCURED				
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, str	eet, factory, office		281. LOCATION (Street a	WING A	Route Number			
COMPLETED		IAN: To the best of my knowledge					nner as atated.				
TO BE CC	296, SIGNATURE AND TITLE OF CERTIFIER	aylor M	D		D373			Marin, Day, Wars			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	(ITEM 27) /Type, /	(reset)							
	4	11. A 1. P	1 11								

- Brief in 

		1 - STATE REGISTRAR	STATE OF MARYL		PARTMENT				YGIENE EG. NO.			
		DECEDENT'S NAME (First, Middle, Last)	Nell Emal	ine	Willis	8		2. DATE OF I	DAY	3,1995	AR	OF DEATH
P		4. SOCIAL SECURITY NUMBER 216-34-6078	1 □ M 2 🖾 F 77	In yrs. last birth	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		иятн у. Чому) 4/191	_ C	ountry) irgin	State or Foreign
, 2, 3 should	стоя	98. FACILITY NAME (If not institution, give 2005 Dineen Dri				unda]	R LOCATION OF DE LK	ATH		Palt		ALTIMORE
permit. Pages 1	DIREC	10a. STATE 10b. COUNT	Baltimore	100	CITY, TOWN	OR LOCATI	Dunda.	lk			LI LI	SIDE CITY MITS?
1St	FUNERAL	100. STREET AND NUMBER 2005 Dineen Dri	.ve			101.	ZIP CODE 21:	222		10g. CITIZEN Unit	ed St	
215-0020 attending physician. se as the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		If yes, spe	ENDENT OF HISPAN city Cuban, Mexicar 2X NO Specify	i, Puerto Ricer		1 2	Black, White,	rican Indian, etc. Thite
21 21 or u	LETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kin life. Do N	NT'S USUAL O d of work done OT use retired.)	during mos	N It of working	16b. KIN		NESS/INDUSTI		
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.	COMPL	11 Years 17. FATHER'S NAME (First, Middle, Last)	wing	Har	nemake:	r	18. MOTHER'S NAM		e, Maiden Su		me	
MAR retained 5 should notified	TO BE	Draton Hale Ble 190. INFORMANT'S NAME (Type/Print) Tina L. Eid	:ушь				Maxie I orges Ct.	loute Number, C	ity or Town,	State, Zip Code		2122
ALTIMORE, I leath. Page 6 may be funeral director, page i xaminer must be r		20a, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State Com	PLACE AND D	ATE OF DISPOS	SITION/Nan		DATE	20c. LOCA	timore	r Town, Stat	
9 = 9		21. SIGNATURE OF UNERAL SERVICE LI	CENSEE		22.	Duda	ADDRESS OF FAC Ruck Fi Wise Av	uneral				•
within 24 hours aft pletely filled in by cremation, or remo		23. PART I. Enter the diseases or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on each s. Market St. Due to (OR AS A	ich line.		the mod	le of dying, such	as cardiac	or reapira	tory srrest,	A Ir	pproximate itarval Betwe nset and Dar
.O. BOX 68 certificate be executing physician and tygiene prior to bur other traumatit	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS A DUE TO (OR AS A		•							
RECORDS, P w requires that the death been signed by the attent pt. of Health and Mental H 3 shows any injury, or	MEDICAL CE	PART II. Other significant condition	ns contributing to deeth be	ut not result	ing in the ur	nderlyling	cause given in i		. WAS AN AL PERFORMI	ED?	AWAILAE COMPLI OF DEA	UTOPSY FINDING ILE PRIOR TO THON OF CAUSE TH?
ITAL RI N: The law red ficate has been State Dept. of Item 23 sh	SICIAN: P	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			DEATH (Check	only one)	UNCERTAIN					
OF V PHYSICIAN this certifi with the	PHY	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpetient 2 ER/Outpo		OTHER 4 Num	28c. INJU WOR				URY OCCURE	0	
ISION TTENDING TOR: After after death	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, stc. (Spec	— At home, ta	rm, street, fact		2 10	28t. LOCATION City or Tox		i Number or Ru	ral Route Nur	nber,
TAL DR AL DIRE	COMPLE		SICIAN: To the best of my knowle								se(e) end ma	nner aa stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	206. SIGNATURE AND TITLE OF CERTIFIE	A) sell	LM	0		DZ &	BER 35	- 2	29d. DATE SIG	NED (Month.	Day: Wear)
0		30. NAME AND ADDRESS OF PERSON WE  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		Type, Print)							
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATN MAL 16 35 9:33 A. **EUGENE IGNATIUS** WINEKE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-09-8964 1 X M 2 F 77 1/25/17 Maryland 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore RESIDENCE OF DECEDENT PO 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE Lansdowne MD 1 YES 2 NO Arbutus FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? First Ave 1ST AVE 33 21227 IISA by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TYES 2 NO Specify Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12th assemblyman auto mfo 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) 동 Charles Wineke BE Edith Breighner notified within 24 hours after death. Page 6 may be retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy J. Wineke First Avenue Lansdowne, Md. director, page 9 20a. METNOO OF DISPOSITION
1 Grant 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Meadowridge Cemetery1/19/95 Dorsey, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Ambrose Funeral Home of Lansdowne in by the fu 2719 Hammonds Ferry Rd. medical 23. PART. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, filled in by 1 Approximate ahock, or heart fallure. List only one ceuse on each line, Interval Between ŏ IMMEDIATE CAUSE (Final completely filled rial, cremation, c **Onset and Death** the disease or condition H event, t resulting in death) OUE TO (OR AS A CONSEQUENCE OF): executed burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 attending physician ntal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST 6 signed by the atter Health and Mental PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO that any COMPLETION OF CAUSE 1 YES 2 NO shows 1 | YES 2 | NO peen 6 has be Dept. MP PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 tem certificate State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 1-NO PHYSICIAN: 4 🗆 Nurs me 5 Residence 8 Other (Specify) the 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With this 1- Netural 5 Pending Investigation 1 YES 2 NO death BY HOSPITAL OR ATTENDING Affer 2 Accident 26s. PLACE OF INJURY - At home, ferm, street, factory, office 60 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: hours after 28 4 Nomicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Itom 2 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your) 29c, LICENSE NUMBER BE 1) 390 0 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF 12 REGISTION'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Pages 1, 2, 3 should

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BALTIMORE, MARYI

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DIVISION OF VITAL RECORDS, P.O. BOX 68760 MP He ATTENDING PHYSICIAN: HOSPITAL

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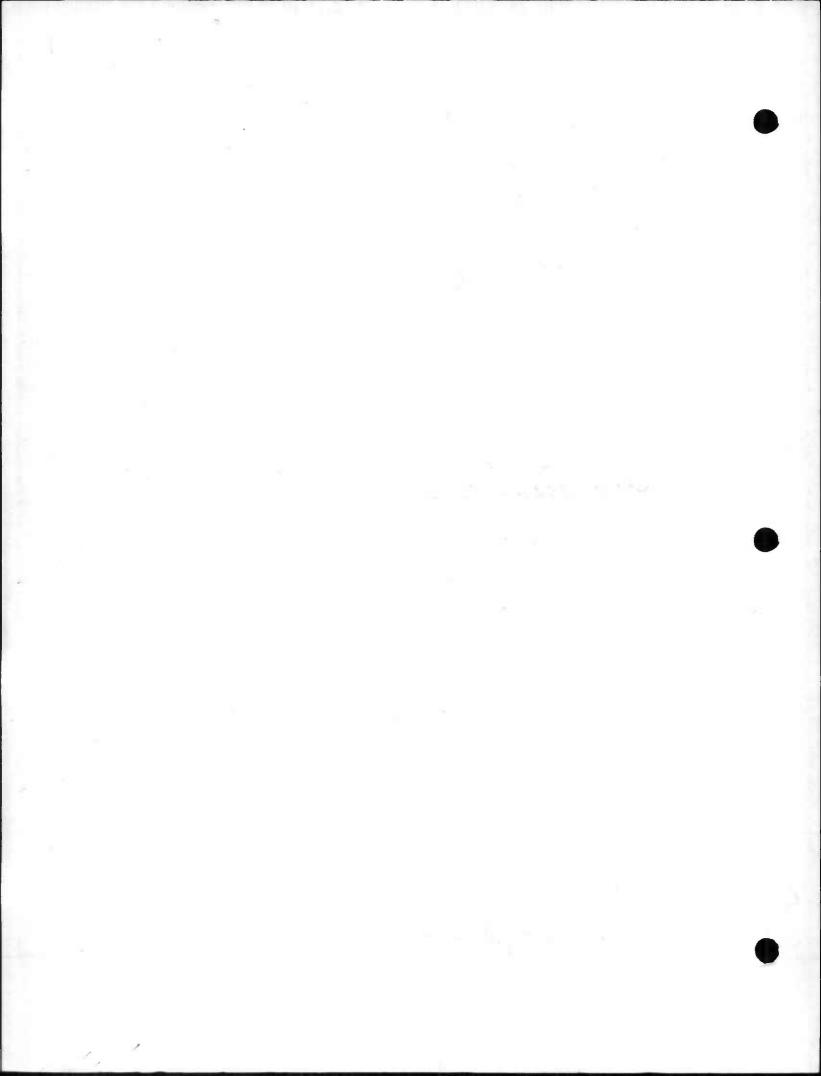
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thar death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be a with	IMPORTANT, Illiam to is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	VAJKAR	Er		JUNE OF DEATH DAY 19	995 YEAR 171ME OF DEATH
	4. SOCIAL SECURITY NUMBER  224-84-9374  9a. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F 39  Treet and number)	YRS. MONTH	DER 1 YEAR SF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Ybar) April 27, ]	8. BIRTHPLACE (State or Foreign Country)
TOR	Bon Secours Hos			ltimore	36.	COURT OF CEATH
DIRECTOR	Maryland Balti			nore-Owing	s Mills	10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	105. STREET AND NUMBER 105. Willow Bend	Drive		101. ZIP CODE 21117	10g	U.S.A.
BY	11_MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	is. WAS OCCENDENT OF HISPA If yes, specify Cuban, Maxici 1 YES 2 NO Specifi	in, Puerto Rican, atc.)	14. RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINES Meredith	
BE COM	17. FATHER'S NAME (First, Middle, Last) Howard Martin		- amp a col		ME (First, Middle, Maiden Suma	
TO B	194. INFORMANT'S NAME (Type/Print) Agnes Hairston		301 Fay			11e, VA 24112
	20e. METHOD OF DISPOSITION 1 Description S Comment of Specify 2 Description S Content (Specify)	oval from Stata cemetery		rial Garder		nsville, VA
	21. BIGHATURE OF TIMERAL SERVICE LIE	ame one	- M	arshall W. 101 Edmonds	Jones,Jr F son Ave. Ba	Funeral HM PA
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR AS A CON	ISEQUENCE OF):	E AIDS		ry arrest, Approximate Interval Batween Onset and Death
MEDICAL CER	PART II. Other algnificent condition	a contributing to deeth but n	ot resulting in the	underlying ceuse given in	PERFORMEO	
	DID TOBACCO USE	CONTRIBUTE TO CA	USE OF DE	ATH YES   NO		1 - YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (C) ER: fursing Home 5  Residence		
ED BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — A building, etc. (Specify)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	281. LOCATION (Street and No. City or Town, State)	
Meufer		CIAN: To the best of my knowledge R: On the basis of examination end			to the cause(a) and manner a	es stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIED		NS	29c. LICENSE NU		I. DATE SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (	OBAZ	EE BON	SECOURS	HOSPITAL.
	31. DATE FILED (Month, Day, Year)	995 July White	or Randall			



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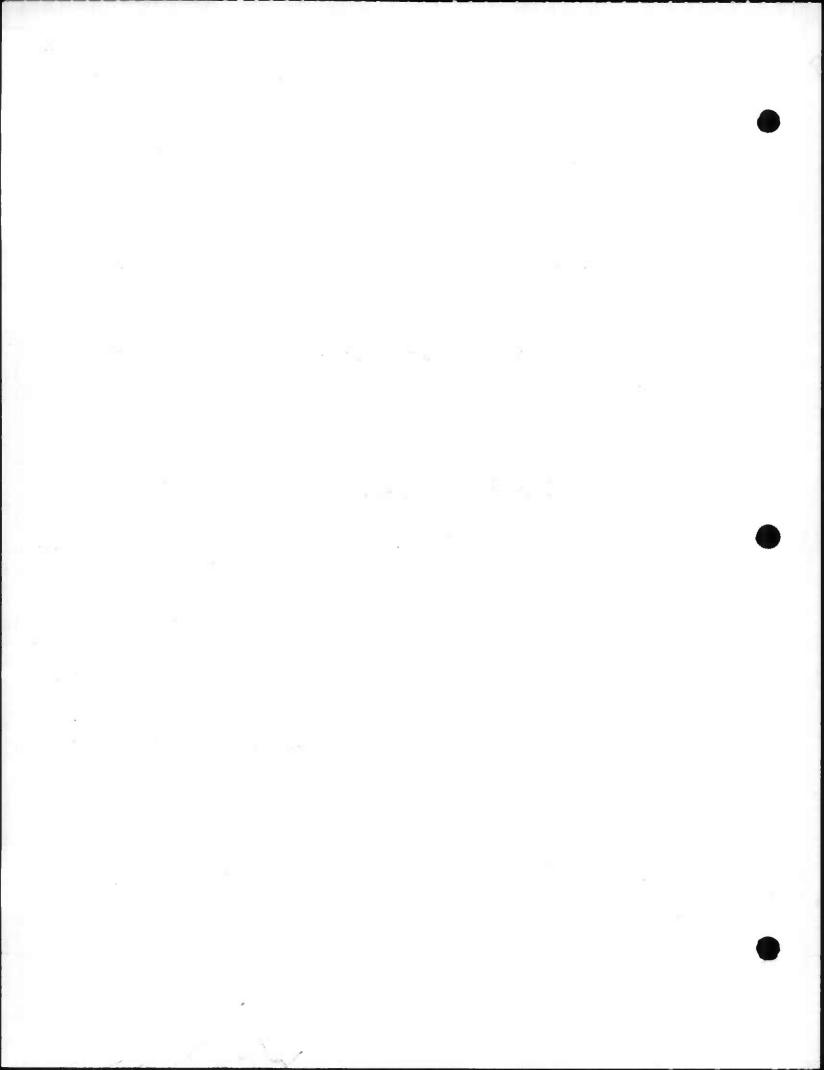
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1 -

	1. DECEDENT'S NAME (First	, Middle, Lest)								2. DATE OF DEAT		_	3. TIME OF DEATH
1	PI	RESTO	N JUNI	OR W	INKLE	R				MONTH	6-	95	9;45 Am
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BU								7. DATE OF BIRTI			NPLACE (State or Foreign	
	213-07-68	97	1 M 2 □ F	X□ M 2 □ F 83			MONTHS DAYS HOURS MIN.			(Month, Day, Ye 12-25-	77	Coun	RGINIA
	9a. FACILITY NAME (If not in	stitution, give s	4.5			9b. CITY,	TOWN C	R LOCAT	ION OF DE			COUNTY OF	
8	3435 PAI	RKLAW	N AVE			BA	T.m1	MOR	E C	ΤͲΥ		NON	
5	RESIDENCE OF DEC	EDENT											
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O							10d. INSIDE CITY LIMITS?
	MARYLAND		NONE			BA			E C	ITY			YES 2 NO
RAI	10e. STREET AND NUMBER	DIZT BET	AT 71.7777				101	ZIP COD			100		WNAT COUNTRY?
FUNERAL	3435 PA	KKLAW.	N AVE.					212					STATES
	1 Never Married 2	Married	12. WAS DECEDER	YES 2	NO	t t	yes, sp	clfy Cub	an, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc	Yea or N	o- 14. RAC Blac	E — American Indien, ck, Whita, atc.
BY	3/Widowed 4 Divo		IF YES, GIVE	MAR OR OATES	5	1	☐ YES	2 NO	Specify	<i>'</i> :	AFI	RICAÑ	AMERICAN
	15. DEC	EDENT'S EDU	CATION	16:	a. OECEDENT'S	USUAL OC	CUPATIO	)N		16b. KIND OI		S/INDUSTRY	***************************************
COMPLETED	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done d se retired.)	luring mo	st of worki	ing				
를	3RD		NONE	·	STEEL	WOR	KEF	}		BETH	LEH)	EM ST	EEL CO.
Š	17. FATNER'S NAME (First, M	liddle, Last)							HER'S NA	ME (First, Middle, Ma	iden Surna	ime)	
BE (	PRESTON I	L. WI	NKLER					IRE	NE S	STREAT			
10	19a, INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	or Aural F	Route Number, City o	Town, Sta	ite, Zip Code)	
٦	GLORIA WIN	KLER	STERN		3435	ра	rkl	<u>awn</u>	. Av	ve. Bal	to,	Md. 2	1213
	20a, METHOD OF DISPOSIT		oval from State	20b. PL	ACE AND DATE	OF DISPOSI	TION /Na	me o/	1-20	0 - 9 <sup>4</sup> 5 <sup>E</sup> 204	LOCATIO	ON — City or T	own, Stata
	4 Donation 5 Other		^	ARE	BUTUS				ARK	В	ALT	O, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	SENSEE						SS OF FA		777777	nnar :	
	Calm	n L	5.80	sus	TOY	14	T2	E.	PRE	STON ST	FUNI B	ALTO.	HOME MD. 21213
	23. PART I. Enter the di	iseasea, or o	complications the	et caused (h	e Geath. Do	not enter	the mo	de of dy	ing, aucl	h aa cardiec or r	apirator	ry arreat,	Approximata
	IMMEDIATE CAUSE (Fir		List only one can	)	IIIIe.		1	9	-	A A			Interval Between Onset and Daath
	disease or condition resulting in death)	<b>→</b>	. (1	ra	none	2 0	5	R	100	Plale			5 40an
	,		DUE TO	(Off AS A CO	NSEQUENCE O	F):	1	11					
Z	Sequentially ilst conditi	iona	b				U	V_					
E	if any, leading to imme- cause. Enter UNDERLY	diata	DUE TO	(OR AS A CO	NSEQUENCE O	P):							
CERTIFICATION	CAUSE (Disease or inju		C. DUE TO	OR AS A CO	NSEQUENCE O	n-							
Ē	resulting in death) LAS	Т	2000			10)							i I
CE			d.										
AL	PART il. Other algnifice	nt condition	e contributing to	deeth but r	not reauiting	In the un	derlying	cause	given in	Part I. 24a, WA	AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL											S 2 N		COMPLETION OF CAUSE OF DEATH?
ME										_			1 - YES 2 - NO
ÿ	DID TOBACCO U		RIBUTE TO CA	USE OF [	DEATH YE	S D N	10 🗆	UNC	CERTAIN	1 🗆			
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:	28.	PLACE OF DEA	OTHER			,				
YS	1 TYES 2 NO		1 Inpstient 2			4 🗆 Nurs	ing Nom		esidence	6 Other (Specify)			
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, L		26b. TIM	E OF	26c, INJI WO	RK?	_	28d, DESCRIBE N	NULII WC	Y OCCURED	
BY	2 Accident	Investigation				М		'ES 2 [	NO				
ED		Could not be determined	building,	etc. (Specify)	At home, farm,	Street, facto	ory, office		İ	261. LOCATION (St City or Town, S	test and No	umber or Rural	Route Number,
E	200 CERTIFIED	7.000											
릴	(Check only		CIAN: To the best of										
COMPLET	2 MEDI	CAL EXAMINE	R: On the beals of a	examination an	d/or investigation	n, in my op	pinlon, d	eath occu	red at the	time, data and plac	, end dua	fo the cause(	a) end manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIPIES	1/ n	50				29c LIC	ENSE NUM	IBER	29d	DATE SIGNE	(Month, Day, Year)
	MBHan	reks,	Sh'Al	11				d	02	225	<b>•</b>	1//6	195
-1	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DEATN			IL	' -	7	0 11 5		26	/
- 11	W.B. Mini	ale 11.	10 101	) // h/	m ///01	nnnel	111	5011	- It	Viltomn	- 1		21218
	31. DATE FILEO (Month, Day,	95 Ju	32 REGISTRA	AR'S SIGNATUR	RE	norial	150	5/1/2	e k	36.177 mor	e, /	14	21218



VISION OF VITAL RECORDS, P.O. BOX 68760.

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9	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	att	E
8	4	6	60
THE NO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CION After this certificate has been signed by the attending physician and completely filled in by the funeral dire	ŧ	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

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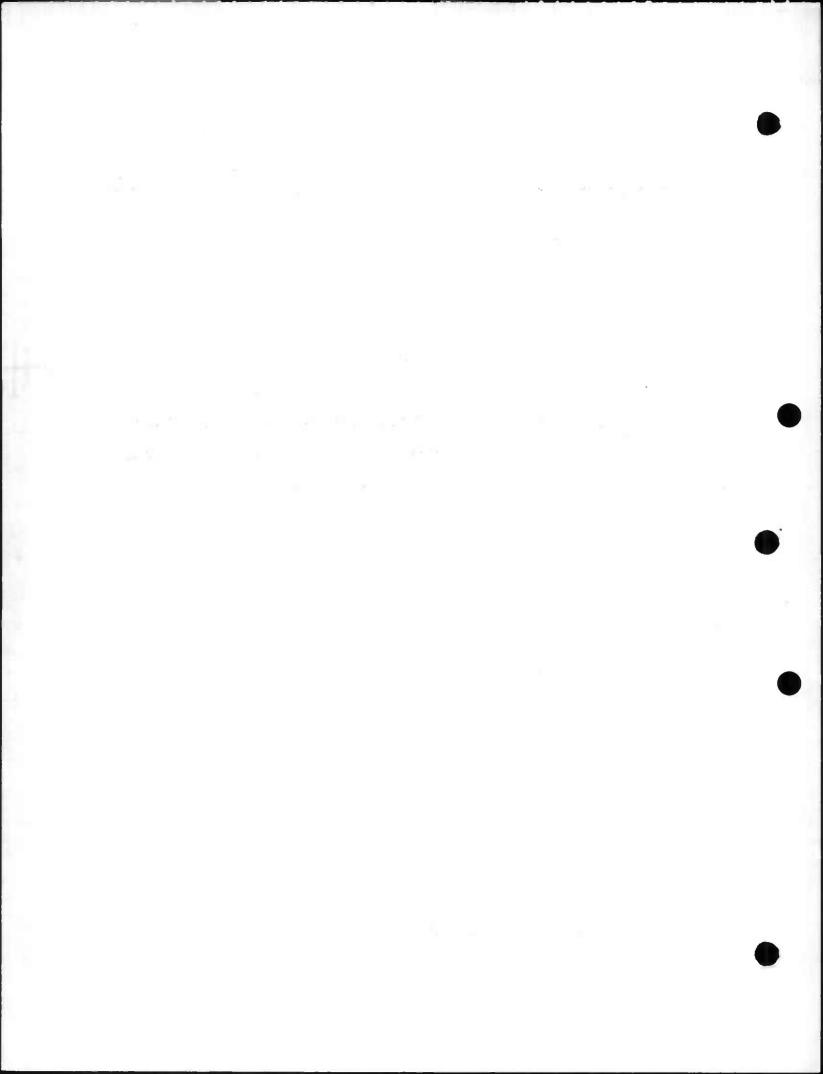
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH ANNIE ZERIT TANUDAR IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year 1 M 2 4 YRS. 5/06/ 06 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH RANDALLSTOWN BALTIMORE

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 3-09-7 374 ARYLAND 9a. FACILITY NAME (If not institution, give street and number DIRECTOR NORTHWEST HOSPITAL CENTER RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7920 SCOTTS LEVEL RD. 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: ВУ Specify 3 Widowed 4 Divorced WHITE ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) SALES RETAIL 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) CHAIM ZERITSKY RIFKA MARKOFF BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MS. CECELIA ZERITSKY 7920 SCOTTS LEVEL RD. BALTO.,MD 21208 20a, METHOD OF DISPOSITION

X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE FRIEDEL MD LODGE 1/12/95 4 ☐ Donation 5 ☐ Other (Specify). ROSEDALE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY ensul OL LEVINSON & BROS., INC. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory srrest, Approximete shock, or heert fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition\_ NEUMONIA WKS reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART il. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \sqrt{\text{NO}} \sqrt{\text{NO}} \sqrt{\text{UNCERTAIN}} \( \sqrt{\text{U}} \) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 The patient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be ED 4 Nomicide detarmined Ē 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 D45103 MUNCEY 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

FRO 2E RANDALLSTOWN MD 21133 OID MUN 31. DATE FILED (Mgg

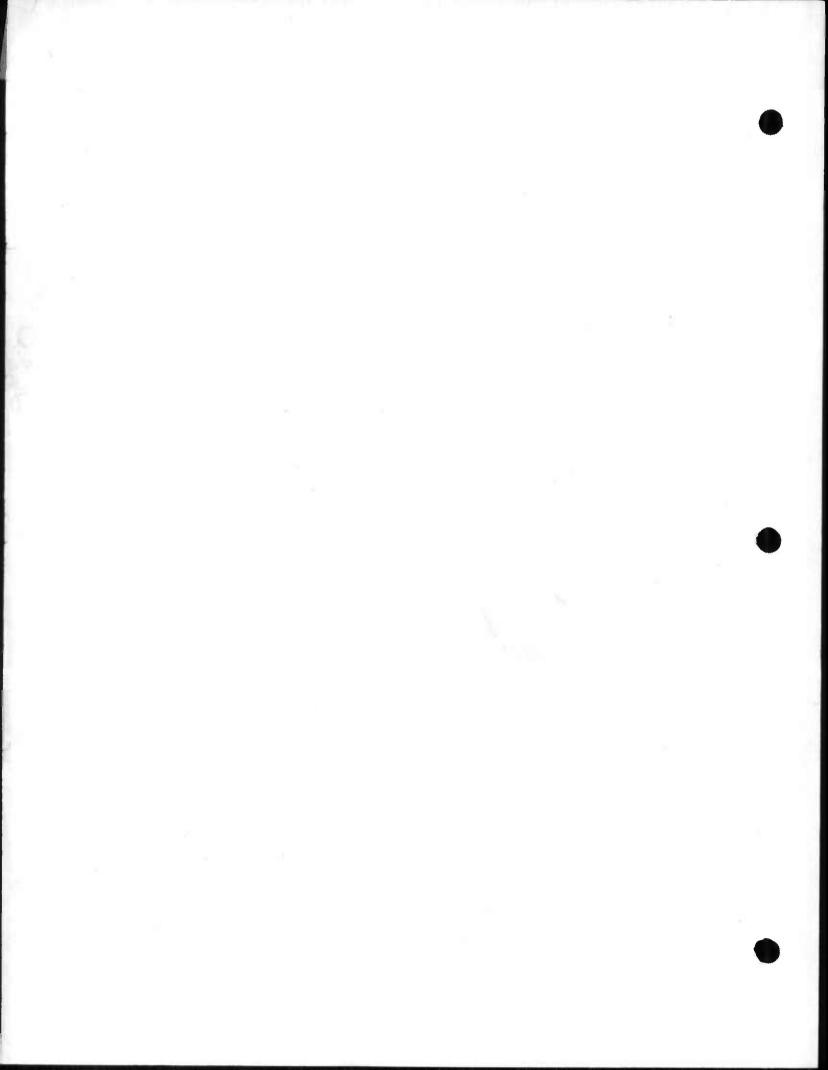
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1	1. DECEDENT'S NAME (First, Middle, La	est)	7\	PPERS	SON		2. DATE OF E	6, 1995	YEAR 3	. TIME OF DEATH
-	ROSSER  4. SOCIAL SECURITY NUMBER	5. SEX					-		La pierrier	M
	212-09-7098	1.5€A 1. M 2 □ F	6. AGE (In yrs. Ia	YRS.	MONTHS DAYS		7. DATE OF E (Month, De AUG. 2	2, 1913	Country) VIR	ACE (State or Foreign GINIA
стов	99. FACILITY NAME (If not institution, g 932 DULANEY VAL	LEY ROAD				OR LOCATION OF DOMESTICS		9c. CO	UNTY OF DEA	
DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COL	INTY		10c. CIT	Y, TOWN OR LOC					Dd. INSIDE CITY LIMITS?
- 1	MARYLAND  100. STREET AND NUMBER	BALTIMORE			TOWSO	IN TOP CODE		10g. CI	TIZEN OF WHA	YES 2 NO
FUNERAL	932 DULANEY VAL	1011	APT 2			2120			US.	
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A: 1 Tes 2 Tes WAR OR DATES		If yea,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 X NO Speci	an, Puerto Ricar		Black, V Specify:	- American Indian, White, etc.
MPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(1	Give kind of e. Do NOT u			16b. KIN	D OF BUSINESS/II	TEET.	
S S S	17. FATHER'S NAME (First, Middle, Last,				POPEMAN	18. MOTHER'S N	AME (First, Middl	e, Meiden Surneme)		
8	ALPHONZO  190. INFORMANT'S NAME (Type/Print)		APPE:		ADDRESS (Street	ELIZA		City or Fown State 2	WEB1	В
임	DOROTHY APPERSO	N				VALLEY F				
	28a. METHOD OF DISPOSITION 1 Description S Cremetion S County (Specify)				OF DISPOSITION		./19/95	20c. LOCATION - BALTIMO		
}	21. SIGNATURE OF FUNERAL SERVICE	JOHN	E. DOLA	N.		AND ADDRESS OF I			c.	
	23 PART I. Enter the diseases, shock, or heart fails iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the case of t	luse Dn aach lin	10.			ich as cardiac	or respiratory a	irrest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b. DUE TO	O (OR AS A CONSI	EQUENCE (	DF):					
MEDICAL C	PART II. Other significant cond			3//=3			1	PERFORMED?	_ 6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	DID TOBACCO USE CO				ES NO		IN 🗆			
YSIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatiant	3 🗆 DOA	OTHER:	ome 5 Raeldenc	6 Other (St	pecify)		
Y PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat	52.5	DE INJURY Day, Year)	26b. TH	JURY	INJURY AT WORK? YES 2 NO	26d. DEŞCRI	BE HOW INJURY O	CCURED	
TED B	3 Suicide 6 Could no 4 Homicide determine	De building	OF INJURY — At It g, atc. (Specify)	nome, ferm,	street, tectory, o	ffice		ON (Street end Numb own, State)	ber or Rural Rou	ute Number,
MPLE	CONSTRUCTION -	HYSICIAN: To the best MINER: On the best of								and manner as stated.
O BE CO	29b. SIGNATURE AND TITLE OF CERT	Occue.	æ			29c. LICENSE N	UMBER 073	29d. D.	ATE SIGNED (A	Month, Day, Year)
ĭ	30. NAME AND ADDRESS OF PERSON DR. GEORGE LOW!					MD.				
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DIVISION

	_	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  CALVERT	VALTER	AMBRO	SE		MON			YEAR 3.	TIME OF DEATH
1, 2, 3 should		4. SOCIAL SECURITY NUMBER 2 / 9 05 7/57	1 🛛 M 2 🗆 F	73 YRS. MOI	UNDER 1 YEAR OAYS	IF UNDER 24 HRS. HOURS MIN.	FEE	OF BIRTH	1921	Country)	ACE (State or Foreign
		90. FACILITY NAME (If not institution, give of GOOO SAMAR)  RESIDENCE OF DECEDENT			-	T /MOYO			9c. COUNT		TH 10RE
nft. Pages			LTIMORE		ALTI	MORE					Dd. INSIDE CITY LIMITS?  YES 2 PNO
020 physician. burial-transit permit.		100. STREET AND NUMBER 2102 TOWN!		4D		ala3	4		U.	N OF WHA	A -
215-0020 attending physician se as the burial-tra	ВУ	1   Never Married 2   Married 3   Widowed 4   Divorced	12. WAS DECEDENT EYER FORCES? 1 PYES IF YES, GIVE WAR OR I	3 2 NO	If yes, sp	CENDENT OF HISPA Hecity Cuban, Maxico is 2 NO Specia	en, Puerto	N? (Specify Ye Rican, etc.)	es or No—	Specify:	American mulan,
213 al or for us	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work life. Do NOT use rei	done during mo ired.))	ON ost of working	16	b. KIND OF BU	JSINESS/INDUS	STRY	417
BALTIMORE, MARYLAND 2 after death. Page 6 may be retained by the hospital by the funeral director, page 5 should be detached in smootal.	BE COMPL	17. FATHER'S NAME (First Micidia, Last)	LIAM AM			18. MOTHER'S NA	AME (First,	Middle, Meider		SNA	ELL
	TO B	19a. INFORMANT'S NAME (Type/Print)	THICE AMB	19b. MAILING ADI	DRESS (Street I	and Number or Rural	Route Num	RD.		ode)	
		20a. METHOD OF DISPOSITION 1	noval from Stata	Db. PLACE AND DATE OF D	CWT	Com.	1-/		OCATION CH	none	5 mh
		21. SIGNATURE OF WHERAL SERVICE H	buelle		EVAI	NO ADDRESS OF FA	Rail (	-17	1 88	100 fo	Harford Rd
7 6C B dwtthin-z4 hours after smpletely filled in by the I, cremation, or removal event, the medical	ERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	STAPH	each line.  AUREU  A CONSEQUENCE OF):				diac or reap	piratory arree	t,	Approximate interval Between Onset and Death
P.O. BOX 6876Q h certificate be executed with inding physician and comple Hygiene prior to burial, crea or other traumatic even		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	NKN	OWN					
RECORDS, requires that the deat been signed by the atte. of Health and Mental shows any Injury.	MEDICAL C	PART II. Other algnificent condition  ISCHEM IC CAR	e contributing to deeth I		e underlyin	g cause given in	Part I.	24a, WAS AF PERFO 1 YES	RMED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
23 ep 35 ep 25	SICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE O	OF DEATH YES		UNCERTAI	N 🗆			1 [	YES 2 NO
VIT	YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Dinpatient 2 ER/Out	tpatient 3 DOA 4	HER:	e 5 🗆 Residence	6 🗆 Othe	er (Specify)			
ON OF DING PHYSIC After this ce death with th	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCUI	1ED	
TEMDI A	ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			a Number,		
	COMPLI		ICIAN: To the best of my know ER: On the bests of examination								id manner as stated.
TO THE HO THE HO THE HOSTIL	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	D RESIDE	NT PHYSICI		29c. LICENSE NUI		-			onth, Day, Year) 13, 1995
	ř	30. NAME AND ADDRESS OF PERSON WH MARK H. JORIANO		EATH (ITEM 27) (Type, Print 201 Lo(1)		N BLVD	, 8	ALTIN			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ? Lirs after death	FUNERAL	1
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Las MARTHA 4. BOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	2. DATE OF DEATH DAY 199.	3. TIME OF DEATH  BIRTHPLACE (State or Foreign					
	9e. FACILITY NAME (If not institution, give	1 □ M 2 😿 F 92 YRS.	WONTHS DAYS HOURS MIN.	Aug. 6, 1902 M	aryland					
стоя	Tryington	Knoll N.H.	Baltimor							
L DIREC	Maryand  10e. STREE AND NUMBER		THINDRE	10a CITIZEI	10d. INSIDE CITY LINTS? 1 YES 2 NO N OF WHAT COUNTRY?					
FUNERAL	1533 North	12. WAS DECEDENT EVER IN U.S. ARMED	21218	ANIC ORIGIN? (Specify Yes or No. 14	, RACE — American Indian,					
8	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 MAO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexic 1 TES 2 F NO Spec	can, Puarto Rican, etc.) lly:	Black, White, etc.					
LETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	(Give kind of life. Do NOT (	s usual occupation work done during most of working reserved.)	Owin H	ome					
E COMPL	17. FATHER'S NAME (First, Middle Last)	2Win	18. MOTHER'S N	AME (First, Middle, Malden Surname)  Brown	ome					
TO B	19. INFORMANT'S AME (Type/Print)	Ammons 153	3 Northwic	Rad. Balto	Md.2121					
must be	20a. METHOD OF DISPOSITION 1	20b. PLACE OF DISPO	OSITION (Name of cemetery, crematory of	BOLTO	y or Town, State					
CAGINING	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Run	22. NAME AND ADDRESS OF I	your our	2/2/6					
		or complications that caused the death. Do re. List only one cause on each line.  After Sci		ich se cardiac or reapiratory streat	Interval Betwa					
even.	resulting in deeth)	DUE TO (OR AS A CONSEQUENCE			•					
ERTIFICATION	Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significant condit	tiona contributing to death but not resulting  Devente a	in the underlying cause given	1 Part I. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (	Check only one)						
리 수 [	1 TYES 2 TAND  27. MANNER OF DEATH	1   Inpatient 2   ER/Outpatient 3   DOA   26e, DATE OF INJURY   26b, Ti	4 Nursing Home 5 Residence	e 6 Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCU	RED					
BY man	1 Natural 5 Pending 2 Accident Investigati	(Month, Dey, Year)	M 1 YES 2 NO	281, LOCATION (Street and Number of						
item 28 is PLETED	4 Homicide datarmine	d		City or Town, State)						
OMPL	(Check only	HYSICIAN: To the best of my knowledge, death occur  #INER: On the bests of examination and/or investigation.		he time, data and place, and dua to the	cause(a) and menner sa stated.					
TO BE COMP	29b. SIGNATURE AND TITLE OF CERT	-MD	29c. LICENSE N	10 6 4 / 29d. DATE	SIGNEO (Month, Day, Year)					
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (THE SCALE)  Sala Causa Cau	oe, Print) Suite 30	8 821 N. EUK	aust Ball					
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DIVISION OF VITAL RECORDS, P.O. BOX 687(
TO SEMPLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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mysician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		
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ours after death. Page o may be retained by the hosping	etached		
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PHYSICIAN, The law requires	cate	h with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		NENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH  2. DATE OF DEATH MONTH  3. TIME OF DEATH MONTH  2. DATE OF DEATH MONTH  3. TIME OF DEATH MONTH  3. TIME OF DEATH MONTH  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrz. last birthday) F UNDER 1 LEAR F UNDER 2 LEAR F UNDER 2 LEAR F UNDER 2 LEAR F UNDER 2 LEAR F UNDER 3								
TO BE COMPLETED BY FUNERAL DIRECTOR									
. CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	MASCU HOSCLA	POUR 1	ACCLIDA	ent	Interval Batwonset and De Summ	
N: MEDICAL	PART II. Other algnificant condition	S THU KES	ut not reaulting in t	the underlying ca	uae given in F	PEI	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNED OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL:  1   Inpetient 2   ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	28b. TIME 0 INJUR  At home, ferm, stre	THER:  Nursing Home 5 PF 28c. INJURY WORK?  M 1 YES	AT 2 NO	8 Other (Specify) 28d. DESCRIBE No.	OW INJURY OCCUP	Rural Route Number,	
TO BE COMPLET	200. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WE  CHAPELO	O COMPLETED CAUSE OF DE	and/or irrestigation, i	n my opinion, death	CLICENSE NUMBER	ime, date and place BER 390	29d. DATE S	SIGNED (Month, Dey, Year)  16 (95  21776  SAR-MB	

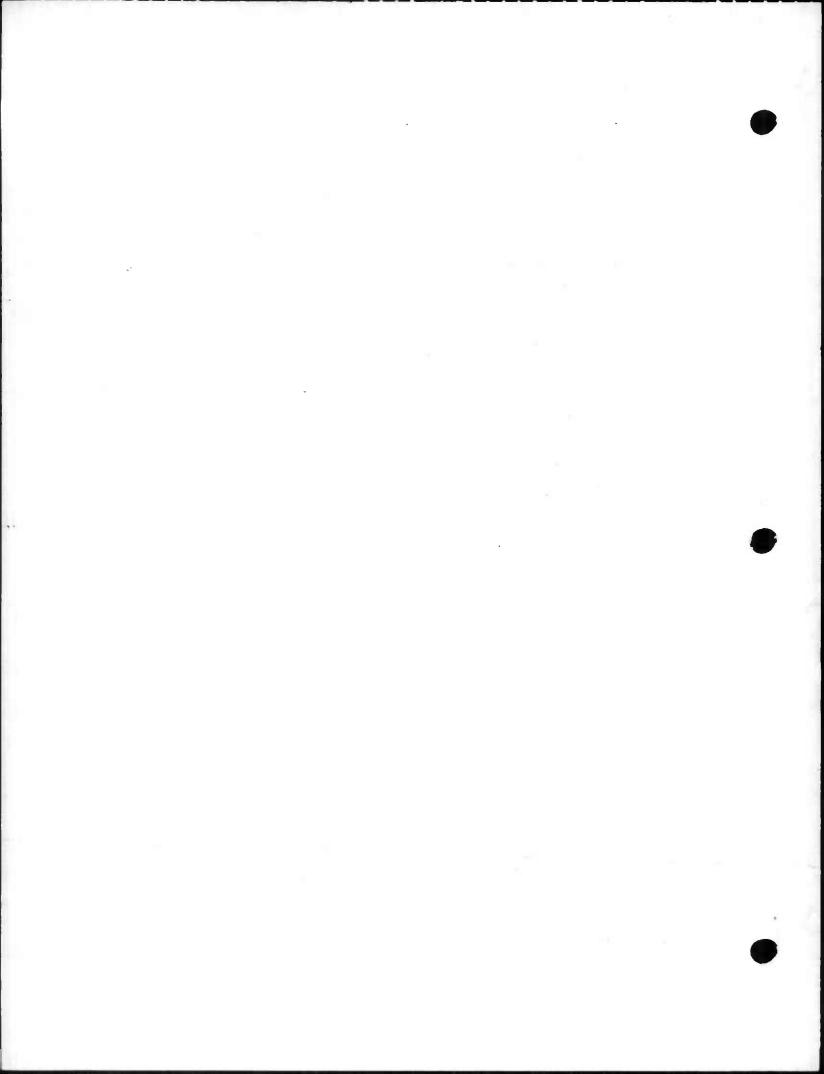
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DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cerbe filed within 72 hours after death with the IMPORTANT; If Item 28 is marked, o

	sit permit. Pages 1, 2, 3 should	
attending physician.	use as the burial-transit	
by the hospital or	be detached for t	-
may be retained	ir, page 5 should	to be notified
er death. Page 6	he funeral directoral.	ted or them 23 shows any injury or other transfer meant the medical avandance must be not
A NOURS after	ely filted in by the funeral nation, or removal.	the medical
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH	
	Edward	A	lbright			1 - 8	- 95	5:42 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	UNKNOWN	1)(X) M 2 □ F	67 YRS. MO	NTHS DAYS	HOURS MIN.		1927 MAR	YI.AND
	9a. FACILITY NAME (If not institution, give stre	et and number)	96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
OR	MARYLAND GENERAL H	IOSPITAL		BALTIM	ORE CITY			
DIRECTOR	RESIDENCE OF DECEDENT							10d. INSIDE CITY
H			10c. CITY, TO	10c. CITY, TOWN OR LOCATION				
	MARYLAND 100. STREET AND NUMBER				ORE CITY			YES 2 NO
FUNERAL	3831 PARK HEIGHTS	AVENUE		109. CITIZEN OF W				WHAT COUNTRY?
NE		12. WAS DECEDENT EVER IN	11.0 100150				USA	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	It yes, spe	cify Cuban, Maxican	IC ORIGIN? (Specify Yea i, Puerlo Ricen, etc.)	Blac	E — American Indian, ik, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES	2 NO Specify:		Spec 10 T	ACK
ED	15. DECEDENT'S EDUCA	ITION	tes. DECEDENT'S USE			16b. KIND OF BUS		ACK
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	at of working			
APL	2nd GRADE		UNEMPL	OYED				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Malden S	Surname)	
BE (	EDWARD	ALBRIGHT			NANCY		(UNKNOW	N)
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street as	nd Number or Rural R	oute Number, City or Town	n, State, Zip Code)	
۴	IDA ROYST	'ER	3831 PA	RK HEI	GHTS AVE	NUE, BALTI	MORE, MD	. 21215
	20a. METHOD OF DISPOSITION 1 Burial 2 1 Cremation 3 Remove	val trom State 20b.	PLACE AND DATE OF D	SPOSITION (Na	ne of	OATE 20c. LOC	CATION — City or T	own, State
	4 Donation 5 Other (Specify)	ME	ETRO CREMA	TORY			LTIMORE,	MARYLAND
	21. SIGNATURE OF FUNKRAL SERVICE LICE	HSEE	2		D ADDRESS OF FAC	WN JR. FUN	EDAT HOM	EDA
	I I Cont	- 19	on			MORE ST.,		
	23. PART I. Enter the diseases, or co	mplications that caused	tha death. Do not	anter tha mod	le of dying, such	as cardiac or reapir	ratory srrest,	Approximate interval Between
	shock, or hasrt failure. Li iMMEDIATE CAUSE (Final	st only one cause on as	ich lina.	lina.				
	disease or condition resulting in death)	Respira	tory Fai	lure				terminal
		DUE TO (OR AS A CONSEQUENCE OF):						
Z	Sequantially list conditions, b.	Chronic	Obstruc	tive.	Airway			years
Ĕ	If any, leading to immediate		CONSEQUENCE OF):					
2	cause. Entar UNDERLYING CAUSE (Disease or injury		tive Hea	rt Fa	ilure			
Ë	that initiated evants reaulting in death) LAST	DUE TO (OH AS A I	CONSEQUENCE OF):					i
CERTIFICATION	d.							
AL.	PART II. Other significant conditions	contributing to death bu	it not resulting in ti	ha undarlying	cause givan in F	Part I. 24a. WAS AN /		. WERE AUTOPSY FINDINGS
일						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥							X	1 YES 2 NO
ż	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES		UNCERTAIN			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	POSPITAL:	6. PLACE OF DEATH (					
YSI	1 YES 2 NO	1 Inpetient 2 TER/Outper		THER:  Nureing Home	5 - Realdence 6	3 ☐ Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c, INJU WOI	RY AT	28d. DESCRIBE HOW IN	JURY OCCUREO	
B	1 Naturel 5 Pending 2 Accident Investigation				ES 2 NO			
ED	3 Suicide 6 Could not be	26s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, strea	t, factory, office		28f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,
4 Homicide detarmined								
7	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best at my knowle	dge, death occurred at	the time, data	and place, and due t	o the cause(s) and man	ner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the besis of examination	and/or investigation, in	my opinion, de	ath occured at the t	ime, data and place, and	due to the cause(	a) and manner es stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE SIGNED	(Mpnth, Day, Year)
TO B	17 17/41 /4 / (30	com			155	0.3	D 01/11	11995
F	30. NAME AND ADDRESS OF PERSON WHO				7	1mm1 17	M = -	10.3
	HMATUN N MA	EEM, 5017	204PH/H	SIRE	ET,BA	LTIMORE,	IMD 21	217
	3t. DATE FILED (Month, Day, Year)	132. REGISTRANS SIGNA	TURE					
	JAN 7 1995 Julia		3 0 -					



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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First	2. DATE OF DEATH 3. TIME OF DEATH										
		January 16, 1995 9:45									
4. SOCIAL SECURITY NUME	R IF UNDER 24 HRS.	7. DATE OF	IRTHPLACE (State or Foreign								
217-26-4753		XX M 2 □ F 81		YRS. MO	NTHS DAY	B HOURS MIN.	MIN. (Month, Day, Year) Country) 12-22-1913 Marylar				
9e. FACILITY NAME (If not in		et end number)		94	CITY, TOW	N OR LOCATION OF D					
Dulaney	Towson	Nursing Cen	ter		Tow	son			Balti	more	
10e. STATE	10b. COUNTY			10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY	
Maryland	Baltim	ore		Tin	nonium		1 TYES 2 TO NO				
205 Sand	ee Road					101. ZIP CODE 21093				OF WHAT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDENT EVER IN	IUS ARI	4ED	12 144.0	ECENDENT OF HISPA	NIC OBICINO	Pa16- V	U.S		
1 Never Married 2		FORCES? XX YES	2 N		If yee,	specify Cuban, Mexico 'ES 2 X NO Specif	en, Puerto Ric	an, atc.)		IACE — American Indian, Black, White, etc.	
3 Widowed 4 Divo	rced	TES, GIVE TON ON DA	WWl	1	'"	ES 2 10 NO Specif	ry:			pec/ly: White	
15. DEC (Specify only	EDENT'S EDUCA	TION ompleted)		EDENT'S USU		TION most of working	16b. K	ND OF BUSI	NESS/INDUST	Y	
Elementary/Secondary (0		College (1-4 or 5+)	-Ma.	Do NOT use re	tired.)	most or working					
		4	A	pprais	er			eal Es			
17. FATHER'S NAME (First, M Edward		eauchamp				18. MOTHER'S NA		die, Melden S	urname)		
19a. INFORMANT'S NAME (		eauchamp	1			Edna	Tull				
William F.		amn	196			et end Number or Rurel ee Road, I					
20a. METHOD OF DISPOSIT					-			1			
Buriel 2 Crematic	n 3 Remov	al from State C8m	etery, cren	no DATE OF D	placel		DATE		ATION - City		
21. SIGNATURE OF FUNERA			ula	Riage		etery 1-1		Pike	esville	, Maryland	
> 11/m0	Roca	S. Bro	1		Ruc	k Towson	Funera	al Hon	ne, Ind		
						0 York Ro				21204	
ahock, or h	eart failure. Lis	mplications that caused at only one cause on as	the dec	oth. Do not	anter the	node of dying, suc	ch aa cerdia	c or reapin	story arrest,	Approximata Interval Between	
IMMEDIATE CAUSE (Findisease or condition	ini	( -	1		1º	1	1			Onset and Death	
resulting in death)	<b>→</b> a	DUE TO (OR AS A	610	VASG	161	Accide	n			5 days	
	_		1	DENCE OF:	+ 1	Ta-/ 00				Sugar	
Sequentially list conditi if any, leading to immed		DUE TO (FR AS A	CONSED	UENCE OF):		MILIA	0			yes !	
cause. Enter UNDERLYI	NG	(4	rol.	casi	n.sc	embo	·li			Dunas	
CAUSE (Disease or Inju that initiated events		DUE TO (OR AS A	CONSEO	UENCE OF):	1/6					Jeor	
reaulting in death) LAS	T d.										
PART II. Other significa	nt conditions	contributing to death by	it not re	aulting in ti	he underly	ing certee gives in	Dart I o	In. WAS AN A	umanau I	24b. WERE AUTOPSY FINDINGS	
		Actes 7	7.6	esu	io diluony	mg coose given in	Part I.	PERFORM		AVAILABLE PRIOR TO	
		TRIERY 1	2,0	0071			—   ¹	☐ YES 24	⊒-HO	COMPLETION OF CAUSE DF DEATH?	
DID TORACCO II	SE CONTRU	BUTE TO CAUSE O	E DE AT	11 VEC		C UNICEDIAL				1 Tes 2 No	
25. WAS CASE REFERRED TO				OF DEATH			N 🗖 📗				
EXAMINER?	1	OSPITAL:		0,1	HEB						
27. MANNER OF DEATH		28e. DATE OF INJURY	men 3	28b. TIME Of		ome 5 Residence NJURY AT			ILIBA OCCUBE		
1 Mentre 5 Pending (Month, Day, Year) INJURY WORK?											
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t, LOCATION (Street and Number or Rural Boute Number								ral Route Number			
a Could not be determined  a Could not be determined  building, atc. (Specify)											
29e. CERTIFEIR (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.											
29b. SIGNATURE AND TITLE	_					29c. LICENSE NUI				IED (Month, Day, Year)	
//	dan	2 _				D217	P3	- 1	1//	(Month, Day, 1647)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM	27) (Type, Prin	()	I USLTO	, ,		117	(1)	
Jose	ph Adam	ns, M.D.	7401	Osle	r Dri	ve, Towso	n, Mar	yland	21204		
IAN 1 8 19	395 12	22. DEGISTRAR'S SIGNA									

OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

ATENDING PHYSICIAN: The law requires that the death certificate be executed with. Tours after death. Page 6 may be retained by the hospital or attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND	MENTA	L HYGIEN	E						
	1, DECEDENT'S NAME (First, Middle, Last)				2. DATE	E OF DEATH	Y YEAR	3. TIME OF DEATH					
	JANE T BEE	THAM		JAN	3:10 pm								
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In	IDER 1 YEAR IF UNDER 24 HRS	S. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore)									
9	27 PT 20 PTO	□M 2× F 75	00	MAY 24 1919 MARYLAND									
H	9a. FACILITY NAME (If not institution, give street  GREATER BALTIMORE	9c. COUNTY OF											
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		BALTIMORE										
JIRE	Coalle a Di	Timore	N OR LOCATION		10d. INSIDE CITY LIMITS?								
	100. STREET AND NUMBER	HOOK		101. ZIP CODE			1 YES 2 NO						
FUNERAL	KILDUN 1048	DRIVE	Alas	4	.A.2								
PC	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U	S. ARMED	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex			PS or No — 14. RACE — American Indian, Black, White, atc.						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES 2 NO Spe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ecity:					
	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 1	6a. DECEDENT'S USUA		16	b. KIND OF BUS	INESS/INDUSTRY	WALLE					
COMPLETED		College (1-4 or 5+)	life Do NOT use retin	•									
MP	19782		ATH	our									
	17. FATHER'S NAME (First, Middle, Last)	2:Ra	· Kel	16. MOTHER'S	NAME (First,	Middle, Malden	Sumame)						
BE	19a. INFORMANT'S NAME (Type/Print)	2:11	1	NESS (Street and Number or Rur	al Route Nun	nber City or Town	State Zio Codel	31009					
5	CHARLES H- LIRE	KIL	1411 VA	LEY FORLS	WAY	ARI	04-000	MARYLAM					
	20a. METHOO OF DISPOSITION  Surial 2 Cremellon 3 Remova		LACE AND DATE OF DIS		DA		CATION — City or						
	4 Donetion 6 Other (Specify)	\	Don'The	15MEISRY	196 BALTIMORE, MARYLAM								
	22. NAME AND ADDRESS OF FACILITY EVACS CHAPLOF MEMORIES												
	I trank to CI	Nava/		8300 HAR	FURA	KORD	- PARK	3 this					
	23. PART I. Enter the diseases, or compilications that ceuced the deeth. Do not enter the mode of dying, such as cerdiac or respiratory srrest, shock, or heart failure. List only one squee on each line.  IMMEDIATE CAUSE (Final												
	reculting in death)												
_	OUE TO LOS AS A CONSEQUENCE ON												
CERTIFICATION	Sequentially list conditione, if any, leading to immediate												
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	Septen		/									
Ħ	that initiated events resulting in deeth) LAST	DUE TO OR AS A CO	ONSEQUENCE OF										
E													
Ä	PART II. Other significent conditione c	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.											
PHYSICIAN: MEDICAL						1 TYES 2	OF OEATH?						
Σ	DID TOBACCO USE CONTRIB		1 TES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (Ch										
Sic		OSPITAL: Inpetient 2 - ER/Outpetie		IER: Nursing Home 5 - Residence	e 6 🗆 Oth	er (Specify)							
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	SCRIBE HOW I	JURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation			1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, atc. (Specify)	lactory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
9	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my translat	and death account of the	ne time, data and place, and d		design as	A Michigan						
COMPLETED				ny opinion, death occured at i				e(e) end manner se stated.					
ECC	299. SIGNATURE AND TITUE OF CERTIFIER	1	~	29c. LICENSE N		1		EO (Month, Day, Year)					
10	Tilling Co All	bu M,	()	120	637		//-	795					
FY	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH		107011 01	1 /	d	2 1.	20/					
	31. DATE FILED (Month, Day, Year)	myll , Se		6569 N. CK	2/5	ST.	Balo,	14.21204					
	IAN 1 8 1995	32. REGISTRAR'S SIGNATU				/							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local parts of the relating by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

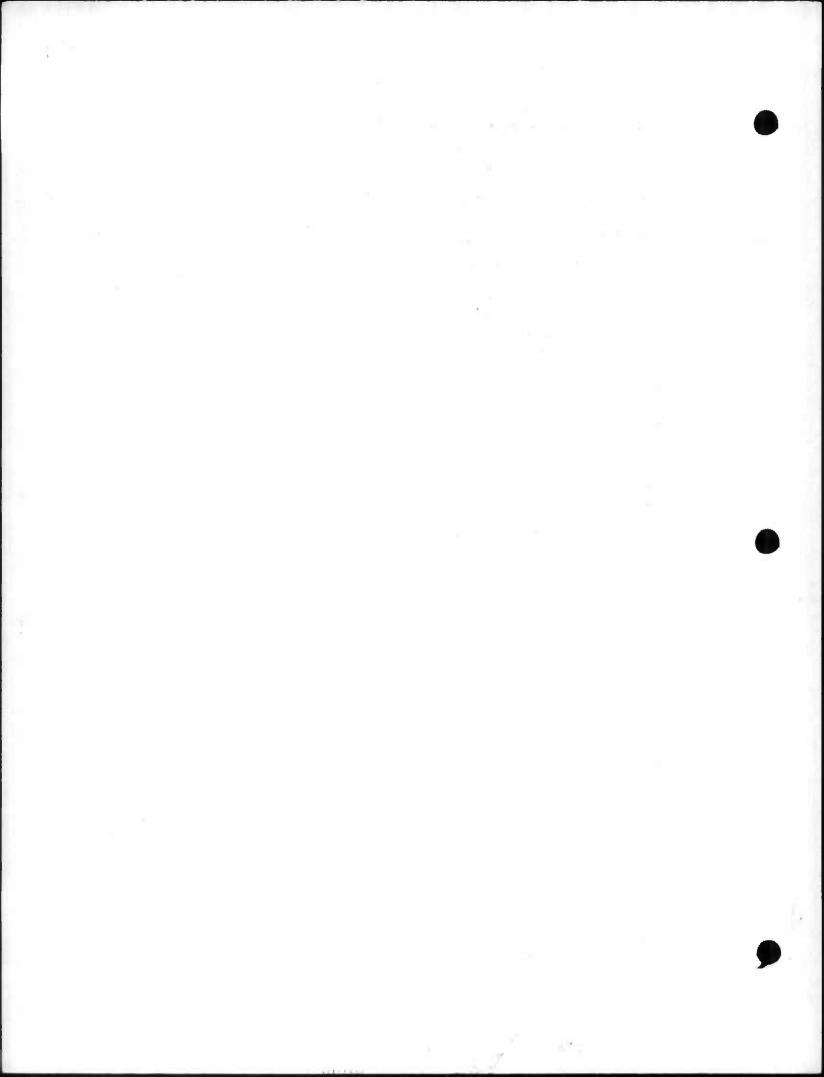
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

FOR STATE OF MAI

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

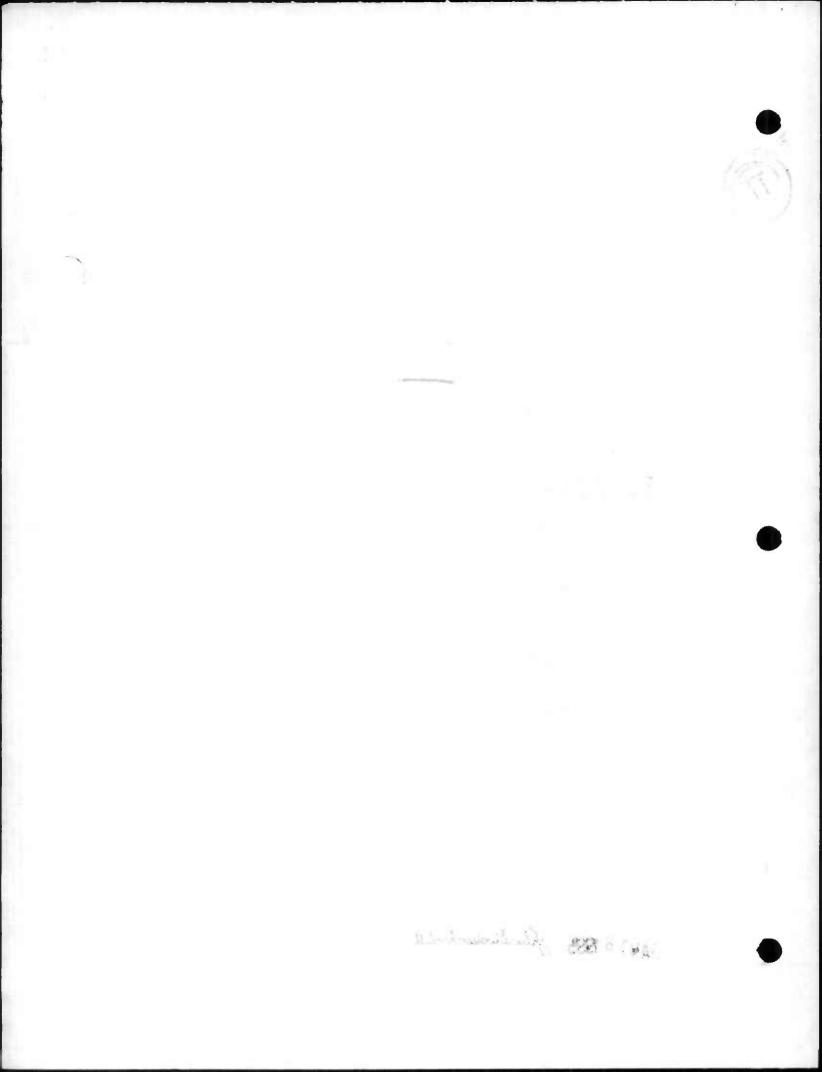
	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)  CALVERT LEE BOWEN, SR  2. DATE OF DEATH MONTH PAY 95 130 PM											
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthdey)  F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Morith, Day, Year)  1 1 1 M 2   F   8 O YRS.   MONTHS DAYS HOURS MIN.   3 - 29 - 1 +   M.D.											
TOR	90. FACILITY NAME (If not institution, give singer and number)  PREVIOLEN FRANKLIN WOODS  BATTIMERE, MD 21237  BATTIMERE  BESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 101. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 PYES 2 NO											
FUNERAL	54/3 HILLBURN AVE 101. ZIP CODE 21214 10g. CITIZEN OF WHAT COUNTRY?  U.S.A.											
BY	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PAO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubert, Maxican, Puerto Ricen, etc.)  14. RACE — Amentees Indiago, Blench, White, etc.)  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubert, Maxican, Puerto Ricen, etc.)  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubert, Maxican, Puerto Ricen, etc.)  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubert, Maxican, Puerto Ricen, etc.)											
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ALEMAN  16b. KIND OF BUSINESS/INDUSTRY												
COMPLET												
TO BE	190. INFORMANT'S NAME (Type/Print) CALVERT LEE BUNEN, TR. 9253 RED CART CT. COLUMBIA, MD.											
	20e_METHOD OF DISPOSITION 1   Burlel 2   Cremetion 3   Removal from State 4   Donetion 5   Other (Specify)   Date   20c, LOCATION - City or Town, State   1   Burlel 2   Cremetion 5   Other (Specify)   Other (Sp											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LIC. # 22. NAME AND ADDRESS OF FACILITY OF MEMORIES  LIC. # EVANS  PARKVILLE  PARKVILLE  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LIC. # EVANS  PARKVILLE											
П	23. Part Linter the diseases, or combications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hock, or hear failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition											
z	DUE TO (OR AS A CONSEQUENCE OF):											
ICATIO	Sequentielly list conditione, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	thet initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST  d.											
DICAL	PARCAL Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  244. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO											
AN: ME	25. WAS CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check cont. cont.)											
120	EXAMINER HOSPITAL: OTHER:											
BY PHYSICIAN:	286. DATE OF INJURY (Month, Day, Year)  286. TIME OF WORK?  WORK?  1 VES 2 NO.											
	2 Accident 2 Statement   2 Could not be determined   26e. PLACE OF INJURY — At home, term, street, tactory, office											
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMPLES: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated.											
BE	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (World)  100, 1901)											
2	JUSTIN Charles and Address of Person who completed cause of Death (ITEM 27) (Type, Print)											
	31. DATE FILED (Month, Day, Weer) 32. REGISTRAR'S SIGNATURE											





A STATE OF THE STA

	REGISTRAR		ERTIFICA	TE OF	DEATH	REG. N	IO.				
	1. DECEDENT'S NAME (First, Middle, Last) ALVIN W. BRUDER  2. DATE OF DEATH MONTH DAY 75 -										
	4. SOCIAL SECURITY NUMBER 217-09-6921	5. SEX 1 M 2 F 6. AGE (In yrs. I	YRS. IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Sept. 19	19,1918 Marry and				
TOR	St. Agnes Hospitalistic Of December 1			altim	Ore	ATH	9c. COUNTY OF DEATH				
DIRECTOR	Maryland Anne	Arundel	10c. CITY, TOW Balt	n on Local	TION				10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 228 Townsend Avenu	ue			1225		United States				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES	IRMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of If yes, specify Cuben, Mexican, Puarto Ricen, etc.) 1  YES 2 ( NO Specify:					or No— 14. RACE — American Indian, Black, White, atc. SpecifyWhite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	PECEDENT'S USUAL GOVERNMENT OF WORK OF THE PERSON NOT USE PETER PE	ne during mo d.)	st of working	Bethle	Bethlehem Steel				
BE CON	17. FATHER'S NAME (First, Middle, Last) Milton	W. BRUDER Bru	xer		16. MOTHER'S NAM Theres	E (First, Middle, Maid	on Surneme) Mj	1ho11	land		
TO B	18e. INFORMANT'S NAME (Type/Print) Mrs. Linda Gail H	iggs 1	019 Unio	ess (Street a	nd Number or Rural Re Road				21158		
	28e. METHOD OF DISPOSITION  OBurlel 2 Cremation 3 Remo  4 Donation 6 Other (Specify)	Ledar	EAND DATE OF DISI	osition (Ne Meter	y 1/1	9/95 Ba	ocation - 1timo	re, N	wn, State Mary Land		
	Mc Cully Funeral Brooklyn 237 East Patapsco Avenue Baltimore, MD.21225										
	23. PART I. Enter the diseases, or c shock, or heart failure. I	constitutions that coused the d	leath. Do not en	ter the mo	de of dying, such	as cardiec or rea	piratory ar	reat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	MULTI - C	RGAN	FA	LURE				Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Abdomand wound injection  3 weeks										
	PART II. Other significent conditions					art i. 24e. WAS	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL		s contributing to death but not				1 □ YES			COMPLETION OF CAUSE OF DEATH? 1 YES 2 DIGNO		
PHYSICIAN:	DID TOBACCO USE CONTR		ATH YES		UNCERTAIN						
SIC	EXAMINER?  1 YES 2 TO NO	HOSPITAL: 1'SCinpatient 2 - ER/Outpatient	ОТН	ER:	5 - Reeldenca 6	Other (Specify)					
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJ WO		28d. DESCRIBE HOW INJURY OCCURED					
- 1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)							oute Number,		
COMPLETED		CIAN: To the best of my knowledge, d R: On the basis of examination and/or							and manner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICENSE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)		
	Dr M. S. HASAN	COMPLETED CAUSE OF DEATH (ITE	HOPP	, 900	Coton A	ve, Bol	timo	e, n	4021229		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE	14								



MONTHS DAYS HOURS MIN. (Month, Day, Year)	year 95 1335 P M 8. BIRTHPLACE (State or Foreign Country)											
RONALD BERENDS JAN 8  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) if UNDER 1 YEAR is UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year)	95 1335 PM  8. BIRTHPLACE (State or Foreign Country)											
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)											
	A A											
213-36-0638   1842-1 55   1881   March 5.1939												
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUN	ITY OF DEATN											
5 1400 ANGLESEA STREET APT. 2-C BALTIMORE CITY												
1400 ANGLESEA STREET APT. 2-C BALTIMORE CITY  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  BOLLY TOWN OR LOCATION  BOLLY TOWN OR LOCATION	10d, INSIDE CITY											
& E Md. Baltimore	LIMITS?											
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The state of the s	Black, White, atc. Specify:											
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	ENFORCEMENT											
Ciry Law Elementary/Secondary (0-12) College (1-4 or 5+)  Polyceman  17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)	-MFOICEMENT											
Elementary/Secondary (0-12)  College (1-4 or 5+)  Policeman  City Law E  17. FATHER'S NAME (First, Middle, Last)  MIFORD Berends  PHYLLIS MILLS												
19a INFORMANT'S NAME (ImpOpini)	Corfel											
	Md. 21214											
20a, METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Alarmon)												
O Burlai 2 Cremetion 3 Removal from Stata  1 Burlai 2 Cremetion 3 Removal from Stata  4 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPEL OF Memories  20c. LOCATION - Competery of other place)  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPEL OF Memories	11.1											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPEL OF Memories 8800 Harford Rd. Balto. Mo	1 21021											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.											
DO DO DO TO THE THE MINE LESS ONLY OF CHARLES OF SECOND THE CHARLE	shock, or heart fallura. List only one ceuse on eech lina.  interval Between immediaTE CAUSE (Finel											
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PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO											
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	r rural Houte Number,											
298. CERTIFIER 1 CERTIFIER 1 CERTIFICATION TO THE PROPERTY OF												
29s. CERTIFIER (CERTIFIER One)  29s. CERTIFIER (CERTIFIER On the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER On the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated one)  20s. CERTIFIER (CERTIFIER ON the bast of my knowledge, death occurred at the time, data and piace, and due to the cause of my knowledge, death occurred at the time, data and piace, and due to the cause of my knowledge, death occurred at the time, data and piace, and due to the cause of my knowledge, death occurred at the time, data and piace, and due to the cause of my knowledge, death occurred at the time, data and piace, and due to the cause of my knowledge, death occurred at the time, data and piace, and d												
20h AlleMATHEE AND TITLE OF CERTIFIED	cause(a) and manner as stated.											
声声 图 图 MO(4)	SIGNED (Month, Day, Year)											
20. NAME AND ALDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	AN. 9,1995											
MARYAMON L. Wolfell 111 Penn Street, Baltimore, Mary	land 21201											
31. DATE FILED (Month, Day, Year) 32 PEGISTRAR'S GONATUME	rand 21201											
JAN 1 8 1995 July dewater harden												

spital or attending physician. hed for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

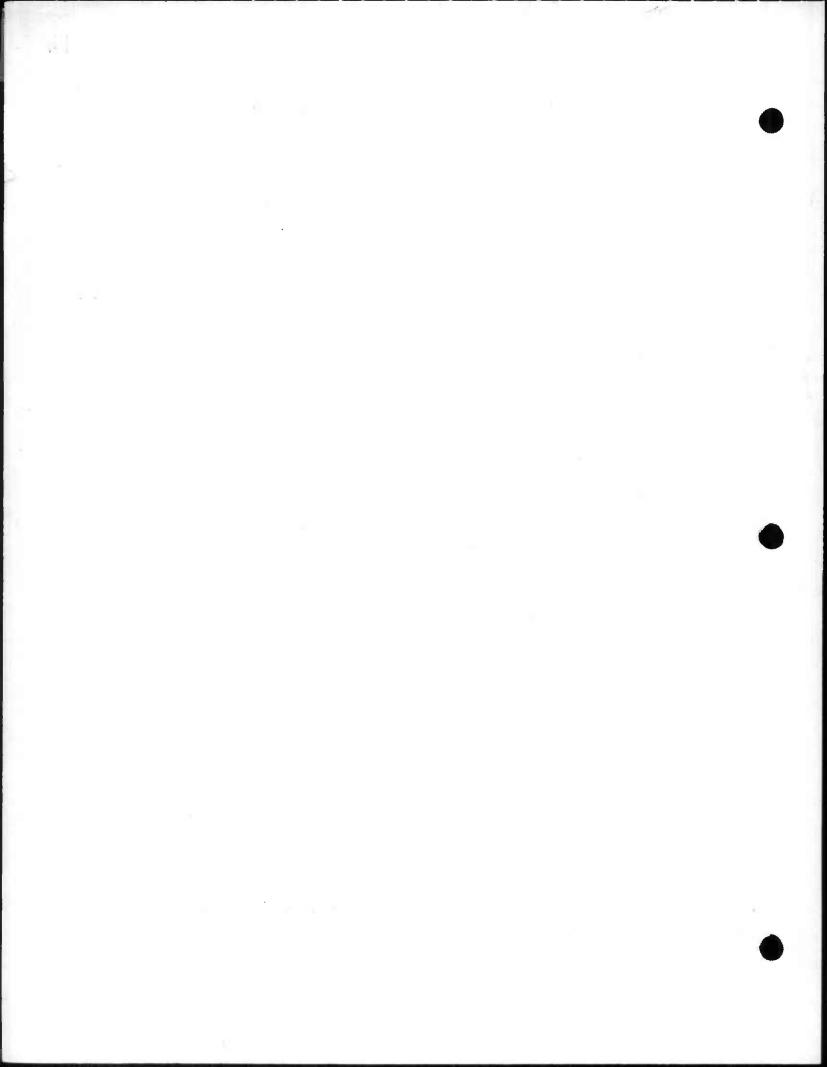
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incur after death. Page 6 may be retained by the hox	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /						MENTAL					
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	4. SOCIAL SECURITY NUMBER	5. SEX							JAN.	DE BIRTH	3		12:12	Ам
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	8e. FACILITY NAME (If not inetitution, give stre	- 24-	- 1			b. CITY, TOWN OR LOCATION OF D				7 4,1				
DIRECTOR	CARROLL COUNTY GEN			STMIN			ATH		9c. COUNTY OF DEATH CARROLL					
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<u> </u>	Maryland -			1				ьм				- 1	LIMITS?	
	Maryland Balto.City, Md. 100. STREET AND NUMBER 1001. ZIP CODE 1009. CITIZEN OF WN										NO			
NA.	415 E	.Cleme	~+ C+			101.	ZIF CODE	212	20					~
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S S	17. FATHER'S NAME (First, Middle, Last)					Ī	18. MOTH	ER'S NA	MF (First N	fiddle, Maiden	Sumamel			-
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BE	19e. INFORMANT'S NAME (Type/Print)									er, City or Tow				
2	Mrs.Katherine E	.Newma											,Md.2	1107
TO BE COM	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPO	SITION (Nen	ne of		DATE	20c. LO	CATION —	City or Town	n. State	
	Note: 2 □ Cremation 3 □ Remov	ral from State	Glen	Hav	ther place.	Memo	oria	1 P	k . 1	/16/9	5 G1	len F	Burnie	. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				. NAME AN			MITT					,
examine	5	5/6						_		Balto				
		Coper	_										Fort.	AVE
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mplications thei at only one ceu	t ceused the de se on each line	eth. Dor	ot ente	r the mod	de of dyli	ng, such	n sa card	lec or respi	iratory an	rest,	Approxim	
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	resulting in death) LAST		(		<i>'</i> -								j	
	d.												+	
A I	PART II. Other algolificent conditions	contributing to	deeth but not n	esuiting i	n the u	nderlying	ceuse g	iven in I	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY F	
MEDICAL									_	1 SOES 2		C	OMPLETION OF (	
W W										/			YES 2	NO
- Z	DID TOBACCO USE CONTRI	BUTE TO CA	USE OF DEA	TH YE	s 🗆	NO B	UNC	ERTAIN				-   '		
E E	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEAT	'H (Check	only one)								
SIC		HOSPITAL: I □ Inpatient 🍫 🖟	ER/Outpatient 3	□ DOA	OTHE 4   Nu		5 🗆 Red	sidence (	6 🗆 Other	(Specify)				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIBE HOW INJURY OF DEATH OF								NJURY OC	CURED					
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At ho	me, ferm, s	treet, fac	tory, office				TION (Street	and Number	or Rural Rou	ite Number,	
TE	4 Homicide determined	outung,	(wp/out/)						Uny o	r Town, State)				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the best of	my knowledge, de	ath occurre	d at the	time, date o	and place	and due	to the com	sala) and ma	1007 64 H-	tad		
E S	one) 2 MEDICAL EXAMINER:												end menner es s	tated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	- PM	11				29c, LICE	_						
8	The second secon	470	OL					.M.E					fonth, Day, Year) 4 , 1995	
E 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH OTER	M 270 (5	Onlast		0.0	• 1·1 • I			UE	-π A ● T <sub>e</sub>	1,1373	

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1. OECEDENT'S NAME (F	irst, Middle, Last,		AINE MAR	OV DI	ומוחודיו	ו זהו דהו	D		2. DATE OF DE	TN DAY		YEAR	3. TIME OF OEATN	
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RESIDENCE OF D	ECEDENT 10b. COUN	TV		T 40 - 017	TV TOURI	0010045								
Maryland		ne Arundei	1		asad	OR LOCATI	ON						10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMB		THE THE GIRDS			asau		ZIP CODE			100	e. CITIZ	EN OF W	1 TYES 2 NO	
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(Specify Elementary/Secondar	only highest grad	fe completed)  College (1-4 or 5 -	(G	ive kind of Do NOT u	work done	during mos	t of working	7	166, KIND	OF BUSINES	SS/INDU	JSTRY		
10th Gr	ade	College (1-4 or 5 4	•)	n	one				St	udent	an	nd Da	aughter	
17. FATNER'S NAME (First									ME (First, Middle,					
		Butterf	ield, Sr	•			Ma	ary	Estelle	Kamp	e_			
Mr. Steve	E (Type/Print)	Puttorf	191	b. MAILING					Noute Number, City					
20a. METHOD OF DISPO		Butterr	20b. PLACE		06			-• /	Pasaden		_		21122	
4 Donation 5 Ot 21. SIGNATURE OF FUNE	her (Specify)	ICENSEE Key	cemetery, cre Glen vin E. E	Hav	en M	em. I NAME AND MCCul	D ADDRES	s of fa	8/95 PLUTY ral Hom	e of	Bur Pas	adei	Maryland	
21. SIGNATURE OF FUNE 23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death)	e diseases, or heert fellure	complications that Liet only one cau  B. Due To  b. Ms al	Caused the dese on each line	Have Have Do by Have Double Box Box Box Box Box Box Box Box Box Box	not enter	em. I NAME AND MCCU 3204	D ADDRES 11y F Moun	s of factions of the succession of the successio	8/95 cury ral Hom n Rd.,	Glen e of Pasad	Bur Pas lena	ader , Mo	Approximate Interval Between	
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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

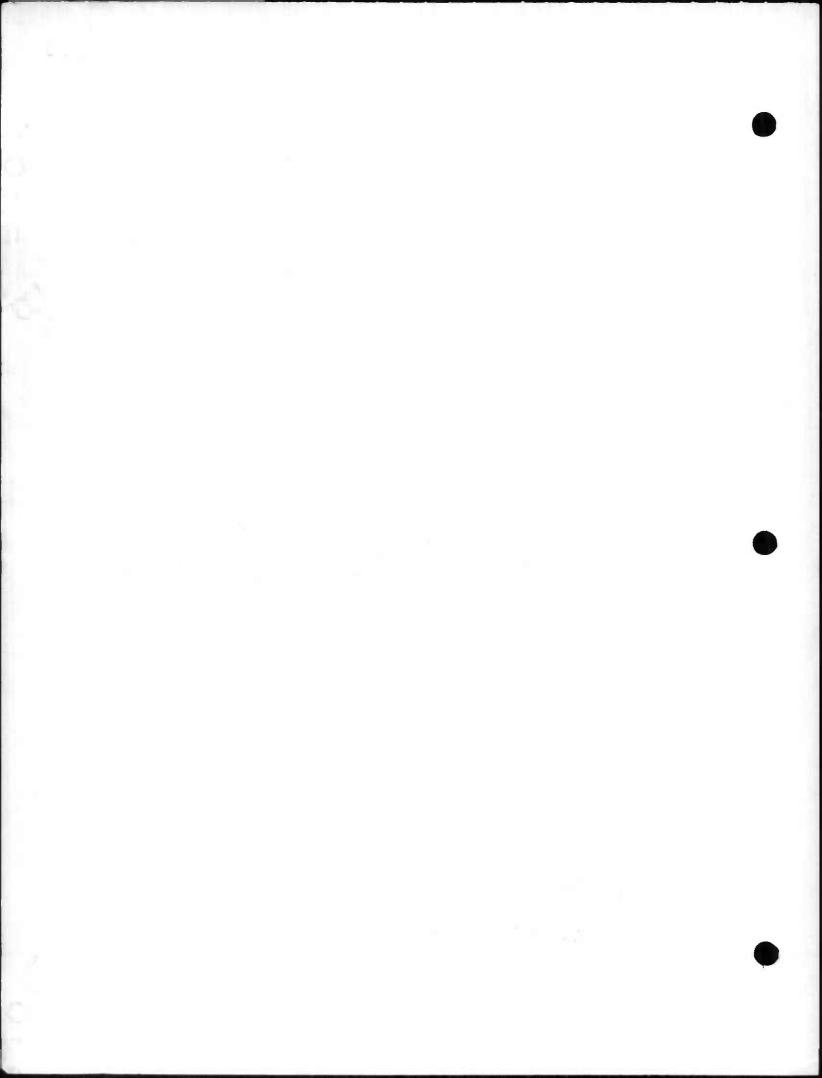
Dr. Chackumkal V. Cyriac, M.D.

31. DATE FILED (Month, Day, Year)

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JAN 1 8 1995

1600 Crain Highway, Glen Burnie, Maryland



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DIVISION OF VITAL RECORDS, P.O.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.	101	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	season representation to the most of the most to the most to the most of the most of the most of the season to the

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31. DATE FILED (Month, Day, Year)

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95 00916 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH STEPHANIE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 1 M 2 7 F MIN. 06-21-219-10-5014 Maryland 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH DIRECTOR Harbor Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c CITY TOWN DR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Pasadena 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 7748 Meadow Road 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Own Home 10 \_\_ Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen V. Wiegel Margaret Mc Gee BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Stephen G. Bandtholtz 7748 Meadow Road Pasadena, MD. 20e, METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 Donation 6 Other (Specify) Glen Haven Memorial Park 1/18/95 Glen Burnie, MD. 21. SIGNATURE OF FUNERAL SHITWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

Mc Cully Funeral Home of Pasadena Valer 237 East Patapsco Avenue Balto., MD. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. In only one cause on each line. **Approximate** Interval Batween Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO JOR AS A CONSEQUENCE OF - In s TON 20 CERTIFICATION Sequentielly list conditions, CONSEQUENCE OF OR AS A If any, leading to immediate cause, Enter UNDERLYING 90 00 CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDING MINLABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ENES 2 INO OF DEATH? I D VIII 2 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

HOSPITAL: OTHER: 1 YES 2 NO 1 D Inpatient 2 D ER/Outpatient 3 D DOA ne S 🗆 Residence B 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJUNY AT WORKY 28d. DESCRIBE HOW INJURY OCCURED FIZ Natural 5 Pending м 1 YEB 2 NO 2 Accident

MC

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Reute Number City or Tears State)

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to line cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dri the basis of axi tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

1903

BALTI MURE

O. NAMI	AND	ADDMESS	OF PERSON	WHO COMPLETED CA	USE DF DEATH (ITEM 27) (Typ.	e, Print

Kim

3001. S. HANOVER

32. REGISTRAR'S SIGNATURE

MD21225

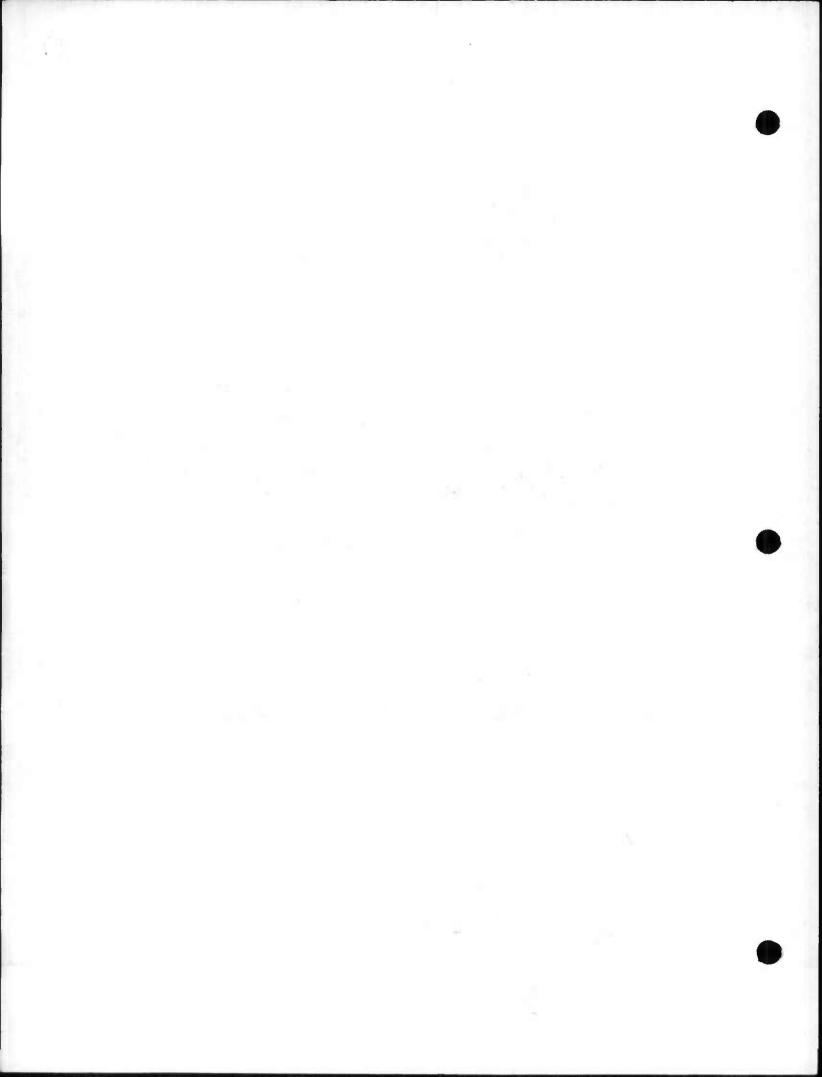
13/93

1 - FOR STATE REGISTRAR

JAN 1 8 1995

	3	1. DECEDENT'S NAME (First, Middle, Last)  MICHAFI LAMONT RI		2. DATE OF DEATH MONTH DAY S 1995 11/37					
2, 3 should		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	MONTHS 196		7. DATE OF BIRTH (Morth, Day, Year)	8. Bit	RTHPLACE (State or Foreign buntry)  MARYLAND
	TOR	99. FACILITY NAME (If not institution, give stri  INTUFRSITY HOSPI  RESIDENCE OF DECEMENT				N OR LOCATION OF D		9c. COUNTY O	
permit. Pages 1,	DIRECTOR	MARYLAND 106. COUNTY			SALTIMO	RE CITY			10d. INSIDE CITY VLIMITS? 1 YES 2 NO
. is	NERAL	1717 MADISON AVE				21217		U.S.	
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR E	2 (A)NO	I1 yes	DECENDENT OF HISPA, apacify Cuban, Maxico YES 2/ NO Specif		В	IACE — American Indian, Ileck, White, etc.
	PLETED	1s. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during		16b. KIND OF BU	SINESS/INDUSTR	Y
retained by the hospital 5 should be detached it notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) EUGENE KELLY					ME (First, Middle, Maiden BELLAMY – M	,	
63 63	5	190. INFORMANT'S NAME (Type/Print) MATILDA MORGAN					PALTIMORE,		
Page 6 may a director, pa		20. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from Stata	b. PLACE AND DATE metery, cremetory or a MOUNT	ZION		1/10 BAL	TIMORE.	MARYLAND
SALT death.		· 71/00	Buou	v	WI 12	06 W. Nor	BROWN COMM th Avenue		/H
with the medicine of the medic		IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on o	each line.			en as cardiac or responded		Approximats Interval Between Onset and Death I Week
P.O. BOX 681 th certificate be execute ending physician and cr I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O		illosis	-presum	ed	Iweek
res that the igned by earth and rs any lines	EDICAL C	PART II. Other significent conditions Pheumococi			In the underl	ying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
L F law r law r law r law r law r law r law r law r law r law r law r law r law r law r law r law r law r law law law law law r law law law law law law law law law law	SICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			YES NO			
O 돌림 를	PHY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetiant 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 28c.	INJURY AT WORK?  YES 2 NO	6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCCURED	)
CHATENDING R CHECTOR: After Index after death	ЕТЕВ ВУ	Accident investigation     Suicide 6 Could not be     Homicide determined	26s. PLACE OF INJUR building, etc. (Spe	Y — A1 home, 1srm, ocify)	street, factory, o	office	281. LOCATION (Street City or Town, State		ral Route Number,
DIN HOSPITAL OR MINE ZZ NAME	OMPLE	anal .	IAN: To the best of my know: On the best of examination						se(s) and manner as stated,
TO THE HO THE BH THE BA	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Rokerma	n		29c. LICENSE NU	MBER 1670	29d. DATE SIGN	NED (Morith, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WHO	ACKERMA	_		Greene S	+ B41	TME	10015
ur.		31. DATE FILED (Month, Day, Year)	12 0 ES 1135 5 VE	HELLER					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	e hos	TO THE PUNCTOR. After this certificate has been signed by the attending physician and completely must in by the funeral director, page 5 should be detachy be flied within 72 must after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	do	TO THE FUNCTION. After this certificate has been signed by the attending physician and completely inco in by the fu be filed within 72 from after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	the r
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	FOR STATE OF MARYLAN  1 - STATE REGISTRAR		MENT OF H		) MENT	AL HYGIENI REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last) Charles H. Betts				2. DA'	TE OF DEATH	Y YE 95	3. TIME OF DEATH 6:49p M	
	4. SOCIAL SECURITY NUMBER 222–10–8593 $\begin{bmatrix} 5. \text{ SEX} \\ 1 \ \text{M} \text{ M} \text{ 2} \ \Box \text{ F} \end{bmatrix}$ 6. Age (in y)		IF UHDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	. 7. DAT	715/17	6. BIFT	THPLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number) Sinai Hospital 2401 W. Belved	ere Ave	эь. сіту, тожн о Ва	R LOCATION OF Ltimore	OEATH		9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		TOWN OR LOCAT					10d. INSIDE CITY	
	MD  10e. STREET AND NUMBER	B	altimore	ZIP CODE			100 CIVIZEN OF	1 ✓ YES 2 ☐ NO	
FUNERAL	620 N. Fulton Street		107.	212	217			JSA	
B⊀	11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE WWW.	NO	It yes, spe	ENDENT OF HIS petry Cuban, Ma 2.4 NO Sp	ricen, Puerl	GIN? (Specity Yea to Rican, atc.)	Bla	CE — American Indian, ck, White, etc. celly: Black	
品	(Specify only highest grade completed)	(Give kind of wo	ork done during mos		1		INESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)  7th  College (1-4 or 5+)	Carpe	ntry			Self-	Employ	eđ	
	17. FATHER'S NAME (First, Middle, Last)  Robert	Bett	q	16. MOTHER'S	Mar Mar	t, Middle, Maiden	Sumame) Betts		
TO BE	19s. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a	nd Number or Ru				•	
F	Mary Harriet Laws Betts 200. METHOD OF DISPOSITION 200. Pt						timore CATION — City or	Md . 21217	
	4 □ Donation S □ Other (Specify) Ga:	rrison	Fores	t Vet	Cer	m. Owi	ngs Mi	lls, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSED	ett	LERO		OYET'		N FUNERAL HOME S AVENUE 21207		
	23. PART Letter the disease, or complications that caused the shock, or heart fallure. Liet only one cause on each	ne deeth. Do no n line.	ot enter the mo	de of dylng,	uch ss c	ardiac or reapi	ratory arrest,	Approximate Interval Between	
	disease or condition resulting in death)  DUE TO (OR AS A CC	cu te	Mye	caro	lia	e In	Parcti	onset and Death  Houls	
z	A.S	ONSEQUENCE OF					U	YEARS	
ATIO	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF)	:						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	ONSEQUENCE OF)	:						
긡	PART II. Other significant conditions contributing to deeth but	not resulting in	the underlying	csuse given	In Part I.	. 24a. WAS AN PERFOR	11000	Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC	Beine	Di.	rin Rs	Æ		1 🗆 YES 2	□A0	COMPLETION OF CAUSE OF DEATH?	
	- Betty -		30,00					1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO		26. PL OTHER: 4  Nursing Hom	ACE OF OEATH					
	27. MANNED OF OEATH  1 Netural 5 Pending  28s. OATE OF INJURY (Month, Day, Year)	28b. TrME	OF 28c. INJ		28d.		NJURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY building, atc. (Specify)	At home, ferm, at			281. L	OCATION (Street I City or Town, State)	and Number or Rura	I Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination as							e(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	PPR		29c. LICENSE	NUMBER	64	29d. DATE SIGN	ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			1 0	)	P /	/	7	
	B. C. VENERACION JR 41)  31. DATE FILEO (Month, Day, Year)  32. REGISTRADE SIGNATI	1576 URE	m ant	+ 13/	10	DOL /7	0 040	(7/172	
	JAN 1 8 1995 Jalia d'avoler hardell						*	DHMH-16 Rev 1/89	

		REGISTRAR	OF MARYLAND / DEPA CERTIF	RTMENT OF	HEALTH AND M	IENTAL HYGIEN		
9		JAMES ARCHIE BELL  4. SOCIAL SECURITY NUMBER  219-10-0135  1 M 2 (		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-09-19	Cou	3. TIME OF DEATH 1040P  ATHPLACE (State or Foreign Intro)  Ttsmith, Va
	10H	9a. FACILITY NAME (If not institution, give street end numb Stella Maris Nursi) RESIDENCE OF DECEDENT		Balti	OR LOCATION OF DEA	TH	Balti	
(MH	OME	10e. STATE 10b. COUNTY		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. Insit per	ERAL	3925 Maine Avenue		10	21207		10g. CITIZEN O	F WHAT COUNTRY?
21215-0020 If or attending physician, for use as the burial-transit	BY FUN	1 Never Merried 2 Merried FORCES	CEDENT EVER IN U.S. ARMED ? 1 YES 2 NO GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANII pecify Cuben, Mexicen, \$ 2 NO Specify:		Bi	ACE — American Indien, ack, White, atc. secify:
- 5 -	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cottege (1-	(Give kind of	S USUAL OCCUPATE work done during muse retired.)	ION lost of working	16b. KIND OF BU	SINESS/INDUSTRY	
	MPL	12th 17. FATHER'S NAME (First, Middle, Last)		tsmen	1		rtisin	g
of the del st on	BE CC	Unknown				Bell Je		
MARYLAND retained by the hospit should be detached notified at once.	TO 8	19a. INFORMANT'S NAME (Type/Print)  Audrey G. Bell		G ADDRESS (Street	end Number or Ri	Macon,	· Stete, Zip Code)	20101
		20a, METHOD OF DISPOSITION	20b. PLACE AND DATE				CATION - Ma	30124
ge 6 may lirector, p		1 Burial 2 Cremetion 3 Removal from Sta 4 Donation 5 Other (Specify)	cemetery, cremetory or Garrison	Forest	Vet. C	em 1/19/	95 Owi	ngs Mills!
BALTIMORE,  ours after death. Page 6 may be d in by the funeral director, page or removal.  medical examiner must be		21. SIGNATURE OF PUNERAL SERVICE LICENSEE	+	Leroy	O. Dye	Et & Son	Funer	al Home, I lto. Md.
ours aft		ea. PAHT I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final	e Esuse Dn each line.			as cardiaZo	ratory arrest,	Approximate interval Between Onset and Death
Tage 1			UE TO (OR AS A CONSEQUENCE O	NETASTASES CONSEQUENCE OF):				3 mos
occute and co	NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Diseas						lukran
SOX 68 cate be execute thysician and c e prior to bunia er traumatic	CATI							
ath certification and Hygien	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):					
E State	# 1	PART ii. Other significant conditions contributi	ng to death but not resulting	in the underlyin	ng cause given in P	art I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
equires en sign of Heal	MEDIC					1 🗀 YES :	2 X NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
The law of the has be ate Dept.	PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL		ES NO C		<b>X</b>		
VIIAN: The rifficate he State (	YSIC	EXAMINER?  1 YES NO 1 Inpatien		OTHER:	ne 5 🗆 Residence 6	∴ Other (Specify)	HOSPIC	E
G PHYSICIAN: This certification with the St	ву РН	1 Natural 5 Pending 2 Accident Investigation	onth, Day, Year)	28b. TIME OF 1NJURY AT WORK?  M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED		
CTOR CTOR	ETED	3 Suicide 6 Could not be determined	ACE OF INJURY — At home, farm, liding, etc. (Specify)	street, factory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			al Route Number,
35 3	COMPLE		est of my knowledge, death occur is of exemination end/or investigati					e(s) end manner es stated.
THE	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  COCOLORS  FOU	Clevern	)	D DBO	13	≥ V 3	ED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETE DR. KENDALL FAULKNER	2300 DULANEY V		) TOWSON	, MD 212	04	
		31. DATE FILED (Month, Day, Year) 32. REAL 1 8 1995	ISTRAR'S SIGNATURE	7	10 nboh	, 110 212		
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Linst) NORMA	LEE	BROWN			2. DATE OF OEATH	°5, 1995	3. TIME OF DEATH 9:15P M		
	4. SOCIAL SECURITY NUMBER 217-50-8187	1 M 2 K 45		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 05-04-194	8. BIRTI	HPLACE (State or Foreign ny) RYLAND		
IOR	90. FACILITY NAME (If not institution, give stre THE JOHNS HOF RESIDENCE OF DECEDENT				MORE CIT		9c. COUNTY OF C	HTA		
DIRECTO	10a, STATE 10b, COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION								
FUNERAL	303 GEORGIA AVEI			101	21060		U.S.A			
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 VNO	It yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	s or No— 14. RAC Blac Spec	E — American Indian, k, White, atc.		
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during ma etired.)	st of working		SINESS/INDUSTRY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	N/A	DATA EN	TRY C	18. MOTHER'S NA	ME (First, Middle, Maiden		ANY		
IO BE	19a. INFORMANT'S NAME (Type/Print)	EELER				Route Number, City or Tow		MD 21060		
	ROBERT R. BROWN  303 GEORGIA AVENUE, GLEN BURNIE, MD. 21060  20s. METHOD OF DISPOSITION  K Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  MEADOWRIDGE MEMORIAL PK  20c. LOCATION - City or Town, State  Commolery, cremetory or other place)  MEADOWRIDGE MEMORIAL PK  ELKRIDGE, MD.									
	21. SIGNATURE OF FUNBIAL SERVICE LIDE	NSEE TO	SADOWRID	1 SEC	OND AV		TON FU	NERAL HOME		
	23. PART I. Enter the diseases, Dr co ahock, or heart fallure. Li IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	mplications that caused lat Dnly Dne cause on ea	ach line.	enter the mo	de ot dying, suc	h aa cardiac or reap	ratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST		CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions Ventricu	contributing to death by	at not resulting in the Trun	the underlying	g cause given in	Part I. 24s. WAS AN PERFOF	MED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH	Check only one)	UNCERTAIN	v 🔼 📗				
2010	1 YES 2 RO  27. MANNER OF DEATH	1 Inpetient 2 ER/Output 28s. DATE OF INJURY (Month, Day, Year)		F 28c. INJ		8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED			
10 01	Netural   5   Pending   Investigation   3   Suicide   8   Could not be   detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, term, stre-		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
MILEE		IAN: To the best of my knowle								
	2 MEDICAL EXAMINER:	On the basis of examination	and/or Investigation, I	n my opinion, d	29c, LICENSE NUN	ABER	d due to the cause(s			
2	30. NAME AND ADDRESS OF PERSON WHO		- 1	Lika	LS820		more M	175		
	31. DATE FILED (Month, Day, Year)  1AN 1 8 1995	32. REGISTRAR'S SIGNAL OF WOLLOW ROM	TURE	gkm	Market	Deci/1	more /1	arran		

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

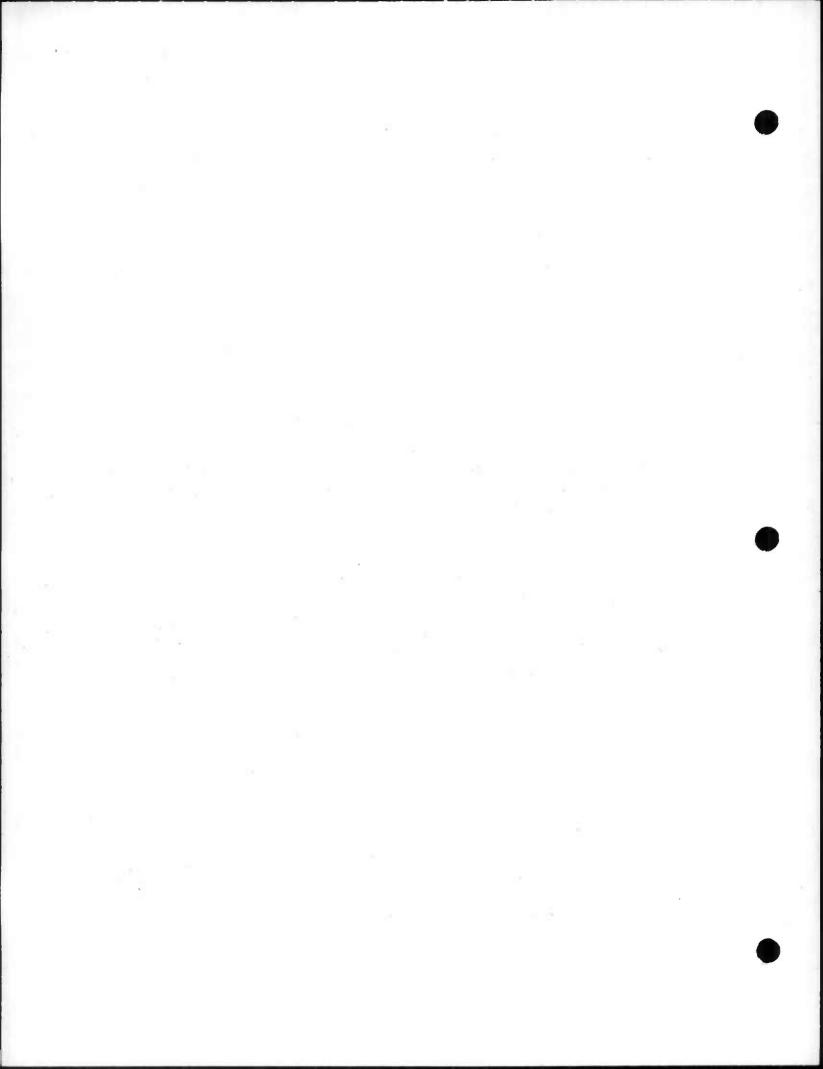
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfled at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		OLI	THE	JAIE U	DEAL	П	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	MARY R	EGINA	CON	WAY			Ι,		16,19		3:15 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX / 6. AGE	'In yrs. lest bi		IF UNDER 1 YEAR	IF UNDER 2		DATE OF BIRTH	10,13	a. BIRTH	PLACE (State or Foreign
	219-44-7184	1 H 2 X 7 90		YRS.	ONTHE DAYS	HOURS	MIN.	12-3-04		Mary	yland
	9a. FACILITY NAME (If not institution, give st		_		Bb. CITY, TOWN				I sil assi		
œ		osi ono nagina,		- 1				п		INTY OF DE	
2	9740 Magledt Rd.				<u>Par</u>	<u>kville</u>			Ba1	timor	re
<u>입</u>	10e. STATE 10b. COUNTY		T.	Inc CITY	TOWN OR LOC	ATION					
DIRECTOR	Maryland Balt	imore		Parkville							10d. INSIDE CITY LIMITS?
	100, STREET AND NUMBER	Hilore		Pa							1 TES 2XXNO
Z.					1	101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
<u> </u>	9740 Magledt Rd.					2123	4		U	.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARME	D	13. WAS D	ECENDENT OF	HISPANIC	ORIGIN? (Specify Ye	a or No-	14. RACE	— American Indian, White, atc.
8Y F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES			S 2 💢 NO		Puerto Rican, atc.)		Specify	
	3 M widowed 4 Divolced					-				Wh:	ite
Ш	15, DECEDENT'S EDUC (Specify only highest grade		18a. DECE	DENT'S US	SUAL OCCUPAT	TION		16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do	NOT use I	rk done during r retired.)	nost or working					
린	12		Home	emake	r			Own H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAME	(First, Middle, Maide	Sumame)		
	John	Thoman					bara			(umme	1
8E	19e. INFORMANT'S NAME (Type/Print)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T 105 B	AAII ING A	DDBESS /Stm.			te Number, City or To			
임	Carroll F.X. Conw	av	Ca	ma a	s #10a	_ #10	) f	te Number, City or lot	vn, Stere, Zij	p Code)	
- 1		7	_	-			71				
	20s. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rema	from State Com	. PLACE AND letery, cremat	DATE OF togy or othe	DISPOSITION (	Neme of		OATE 20c. L		City or Tow	vn, Stata
	4 Donation 5 Other (Sp(0/y)	/ // III	manua	il Lu	ith. Ce	m. 1/1	19/95	Ba	lto.	Md.	
- 1	21. SIGNAMURE OF PUMERUS SERVICE CO	HISEL X			22. NAME	AND ADDRESS	OF FACILI	my Baltin	ore.	Mary	land 21214
	Ernest V. Fel	st./III			1	aavad 1	Divis			_	
-	23. PART I. Enter the diseases, dr.c.		I the death	Do not	Leoi	iaru u	. Kuc	ck,Inc.	5305	Hart	
	shock, or heart failure. L	iat only one cause on e	ech lina.	00 1101	dittor trig it	loua or uying	y, auch a	in cardiac or real	iratory ar	reat,	Approximata interval Between
ŀ	iMMEDIATE CAUSE (Final disease or condition	-12	?	0	1-4-	- /	/\	+			Onset and Death
	resulting in death)		200	rel	ulis	/ /	Ja	ule.			
		DUE TO TOR AS A	CONSEQUE	ENCE OF):	+.	- (					
Z I	Sequentially list conditions,		en	100	allo	7					
Ĕ	If any, leading to immediate	DUE TO (OR AS A	CONSEQUE	NCE OF:	1		>	1	,		
2	CAUSE (Disease or Injury		100	sil	le	th	eu	moni	2		
E 1	that initiated events	DUE TO (OR AS A	CONSEQUE	ENCE OF):							
CERTIFICATION	resulting in death) LAST										
	DART II Other claudiness and dates										
EDICAL	PART ii. Other algnificant conditions	A CONTRIBUTING to death b	ut not resu	ulting in	the underlyi	ng cause giv	ven in Par	rt i. 24a. WAS A! PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8		ASCVD						_ 1 _ YES	NO		COMPLETION OF CAUSE OF DEATH?
M						/			$\wedge$		1 D YES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH	YES	□ № □	UNCE	RTAIN	n l			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				(Check only do						
S	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp	atlant 3 🗍		THER:	- V	d	2001101101			
Ž	27. MANNER OF DEATH	28s. DATE OF INJURY		8b. TIME C	Nursing Ho	JURE AT		Other (Specify)  Bd. OE\$CRIBE HOW	N HIEV OC	CURED	
	Natural 5 Pending	(Month, Day, Year)	-	INJUR	IY W	YES 2		ou. DESCRIBE HOW	INJUNT OC	CONED	
ΒY	Accident Investigation  3 Suicide	28s. PLACE OF INJURY	At home	form other							
	4 Homicide B Could not be	building, etc. (Spec	= At nome,	, sarm, atre	ret, ractory, orr	ice	26	Bf. LOCATION (Street City or Yown, State	and Number	r or Rural Ro	oute Number,
							-				
리	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edga, daath	occurred	at the lime, dar	te and place, a	ind due to 1	the cause(s) and ma	nner aa ata	ted.	
COMPLETED	one) MEDICAL EXAMINER	: On the beals of examination	and/or Inve	stigation,	in my opinion,	death occured	at the firm	e, data and place, a	nd dua to 1	na cause(a)	and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			_		29c. LICEN					
8		TANIA	MN	11		1 /	CZL.	10	290. DAT	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	TOMBI EXTENSION	VII			111-	T	IT		11/	773
		//			nnt)						
	Vuong Nguyen, M.D			ka.							
	JAN 1 8 1995	SKREED PAR CHAR	THE								
	JAN 1 8 1995 Jan										



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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

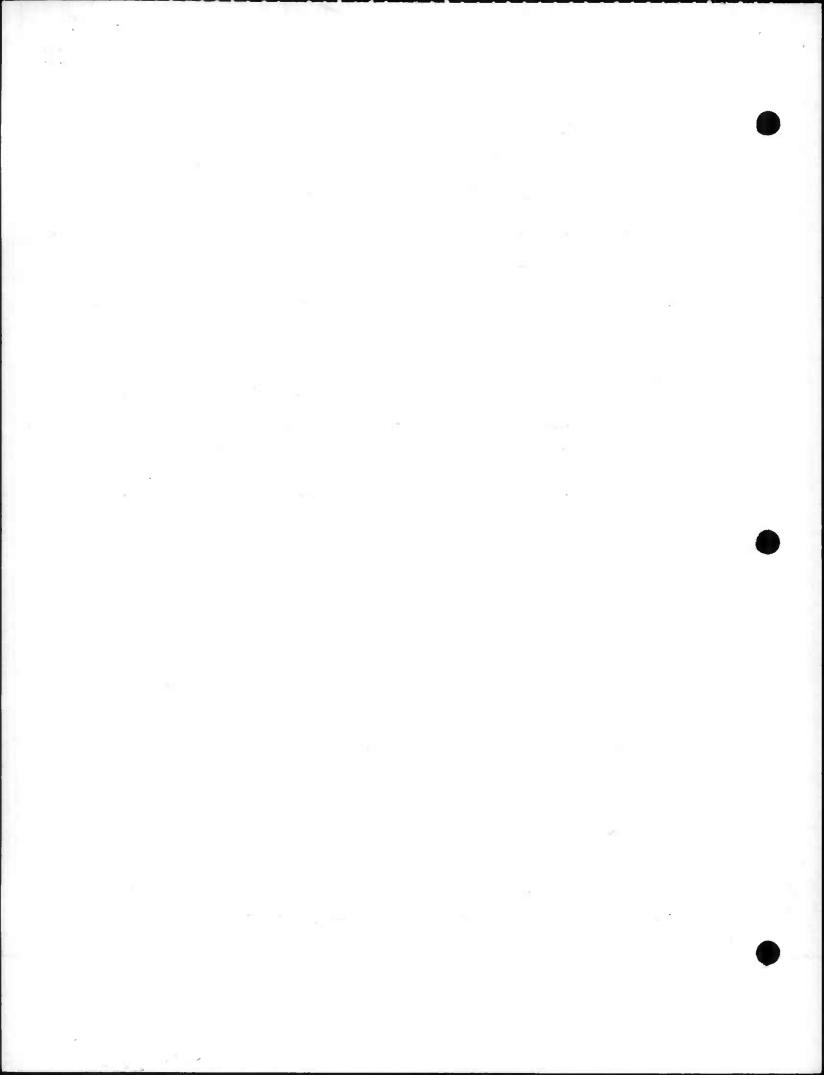
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

The marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSP TO THE FUNDS TO THE FUNDS IMPORTAN

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OF	F DEAT	TH		REG. NO.

FOR STATE REGISTRAR			NT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
ELIZABETH	Anna LHA	rani		JANUARY	12, 1995	6:25 P. M. M
4. SOCIAL SECURITY NUMBER			IDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	6. BIR	ITHPLACE (State or Foreign
98. FACILITY NAME (If not institution, give	1 M 2 K F 90	YRS. MONT	HE DAYS HOURS MIN.	Month, Day Year)	9c. COUNTY OF	RYLANO
	ALISCENT CENT		BIT H'Y		HARF	
10a. STATE 10b. COUNT	Υ	10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY
MARYLAND HA	RFORD	Rel	Air			1 Tes 2 No
10a. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
206 Firmod	Avs		21014		()	0 2
11. MARITAL STATUS	12. WAS DECEOENT EVER IN U.S	ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No 14. RA	ACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES 2		If yes, specify Cuban, Maxica 1 YES 2 NO Specif			ack, White, atc.
3 Widowed 4 Divorced	<u> </u>				lu	अगर
15. DECEDENT'S EDU (Specify only highest grad		. OECEDENT'S USUA (Give kind of work de	one during most of working	16b. KINO OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin	(C)			
17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden	Surname)	
2001 MOL	SCHRIEFER.	SR.	LARO	LINE ISR	A AZZ	HUZZU
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
MARIL E. WELL	R	806 Lic	WOOD AVE	. BILAIR.	MARY	LAND 21014
20a, METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)	noval from State cemetery	CEAND DATE OF DIS , crematory or other pla ROECS OF	ace)	11 - 11	CATION - City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE L				CILITY	7 stags	IAKATUM
100	λ.		22. NAME AND ADDRESS OF FA	ATCHUGIT-I	BETHUR!	10.4. DIC20
Mark Di	Mano /		3 DEWPORT	DRIVE FO	KTESS	IL, MARNAN
23. PART i. Entar the diseases, or ahock, or heart failure.	complications that caused the List only one cause on each	death, Do not er	iter the mode of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Final	0					Onset and Death
disease or condition resulting in death)	a. URO DUE TO (OR AS A COM	Sep 50	2.			Oscis
**************************************	DUE TO (OR AS A CON	SEQUENCE OF):		1		
Commentally list annulations	· ens-s	tare	. Querre	TIM		Syears
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CON	SECUENCE (F):				
CAUSE (Disease or injury	c					
that initiated eventa resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):				
Cooling in accumy exist	d					
PART II. Other significant condition	na contributing to death but n	ot reaulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
(L) hus	decisit	f =		PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE
				1 🗆 YES 2	NO NO	OF DEATH?
DID TOBACCO USE CONT	PIRLITE TO CALISE OF D	EATH VEC [	NO UNCERTAI			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH (Ch				
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	OŢI	IER:			
27. MANNER OF DEATH	26a, DATE OF INJURY	26b. TIME OF	Nursing Home 5 Residence 26c, INJURY AT	26d. DESCRIBE HOW IN	LILIBY OCCUPED	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	and begonibe now it	OUT COOUNED	
2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY A	t home farm street		281. LOCATION (Street a	ad Number or Dun	of South Number
4 Homicide 6 Could not be determined	building, etc. (Specify)		autory, orrice	City or Town, State)	no Number of Nore	I roote Humoer,
29a. CERTIFIER						
(Check only	ICIAN: To the best of my knowledge					
2 MEDICAL EXAMIN	ER: On the basis of axamination and	vor investigation, in r	ny opinion, death occured at the	time, data end place, and	due to the cause	e(s) end manner as stated.
THE SIGNATURE AND TITLE OF CERTIFIE	*	1/1	29c. LICENSE NUI	MBER	29d. OATE SIGN	ED (Month, Day, Year)
V/acy X	Dun	104	- D281	36	JANU	ARY 13, 1995
30, NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH (	1	^	0		
31. DATE FILED (Mogth, Day (Ner)	Mostra	2018	LAURIL BUS	H KORO		
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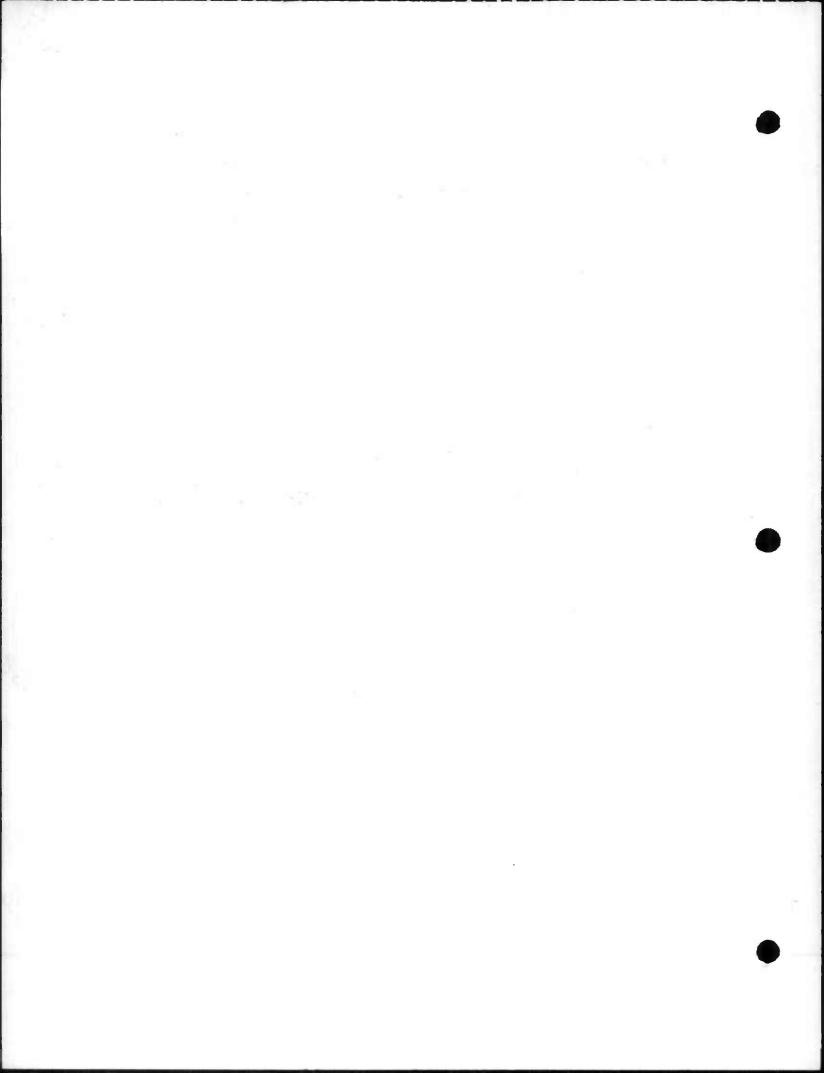


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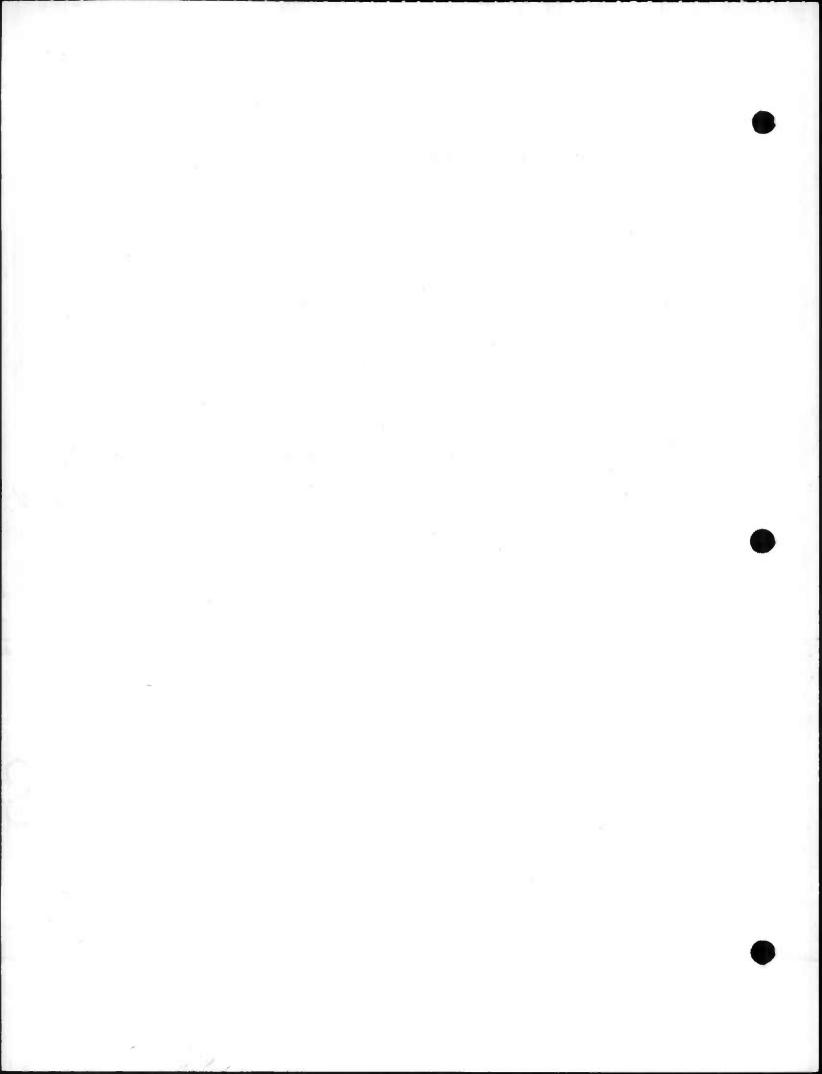
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the death certificate be	phy 0	ene p
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im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTA	L HYGIEN	_		
- 1	1. DECEDENT'S NAME (First, Middle, Last)		**			2. DATE	OF DEATH			3. TIME OF DEATH
- 1	SOPHIE	CLARK				MONT		S C	YEAR	8:00Pm
		NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR					OF BIRTH		S. BIRTHP	LACE (State or Foreign
	218-80-2121	$80-2121$ 1 $\square$ M 2 $ ot N$ F 75 YRS. MONTHS DAYS HOURS MIN. (Month), 01/3						19	Country)	
	218-80-2121 1 M 2 XF 75 YRS. 01/21/1919 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	Johns Hopkins Bayview Medical Ctr. Baltimore City									
W	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION				1	IOd. INSIDE CITY LIMITS?
	Maryland	Baltimore			Dun	dalk				YES 2 X NO
¥	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	EN OF WI	IAT COUNTRY?
草	7540 Old Battle G	rove Road				2122	22	Un:	ited	States
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Merried 3- Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specif		ricen, etc.)		Specify	
	Α			1		-				White
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	(Give kind of w	USUAL OCCUPATION work done during mo e retired.)	oN st of working	16b	. KIND OF BU	SINES\$/INDU	STRY	
ا ڐ		College (1-4 or 5+)								
M	6 Years		Hou	sewife				Home		
					18. MOTHER'S NA					
BE	John Goldys						y Jank			
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural					
.	Mr. Daniel Clark				le Grove					
	20a. METHOD OF DISPOSITION  (X) Burlel 2 □ Cremation 3 □ Remove	al from State came	tory cremetory or of	F DISPOSITION (Na her place)			20c. LO			
	4 Donation 8 Other (Specify) Sacred Ht. of Jesus 01/19/95 Dundalk, MD  21. SIGNATURE DE FUNERAL REVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY									
	21. SIGNATURE CO. CO.	SEE					1 Home	of I	Junds	lk, Inc.
	7/1				Wise A					
	23. PART I. Enter the diseases, or cor ahock, or heart fallure. Lie	mplications that caused	the death. Do n	ot enter the mo	de of dying, suc	h aa card	liac or reap	ratory arre	st,	Approximate
	IMMEDIATE CAUSE (Sign)									Interval Between Onset and Death
	disease or condition + Hypotension I day								1 day	
	disease or condition resulting in death)  The potential of the potential o								1	
z	typercarbia									
윤	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):						
S	CAUSE (Disease or injury									
1	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):						
CERTIFICATION	d.									
C	PART II. Other algnificant conditions	contributing to death bu	t not resulting i	n the underlying	Cause given in	Dart I	24a, WAS AN	ALITOBEY	T 245 V	VERE AUTOPSY FINDINGS
3		•		. the enderlying	, cado given in	1 41 1.	PERFOR	MED?	1	WAILABLE PRIOR TO
						- 1	1 TYES 2	NO		OF DEATH?
Σ	DID TOPACCO LICE COLUMN	NUTT TO CALLES OF	DEATH VA						1 1	YES 2 NO
PHYSICIAN: MEDICA	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEAT		UNCERTAI	иПі				,
[ [ ]	EXAMINER?	IOSPITAL:		OTHER:						
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME		5 Residence					
	Natural 5 Pending	(Month, Day, Year)	INJ(	JRY WO	RK?	28d. DES	CRIBE HOW I	NJURY OCCL	JRED	
B	2 Accident Investigation	28e PLACE OF INJURY	- At home term or		ES 2 NO	204 4 00	ATION (O		0 10	
						or Town, State)	ina Number o	r HUMI HO	Re Number,	
LETED	29e. CERTIFIER									
4	(Check only Tolerand Physicia	AN: To the best of my knowle								
3	2 MEDICAL EXAMINER:	On the beele of examination	end/or investigation	n, in my opinion, de	eath occured at the	time, date	end place, en	d dua to the	cause(e)	end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI			29d. DATE	SIGNED (	fonth, Day, Year)
OB	wird a.	auin	MD		MO	220		<b>&gt;</b> /,	115	195
٥	30. NAME AND ADDRESS OF PERSON WHO		-0 0	Print)	HIN			/	-	
	DAVID GAR(			110 0	HIA	BA	170	ME	) ?	21205
	JAN 1 8 1995 Jali	32. REGISTRAR'S SIGNAT	Ц							



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF		TAL HYGIENE REG. NO.	
	ANTRUC W	CHAMBERS			TE OF DEATH	YEAR 11: 15 P W
	4. BOCIAL SECURITY NUMBER 217-03-6800	S. SEX 1) M M 2 G F 0 2	YRS. WONTHS DAYS		TE OF BIRTH	BIRTHPLACE (Som or Foreign
стоя	Ba. FACILITY NAME (8 not pertudion, given the pertudion, given the pertudion of the pertudi	WR	BA)	TIMORE	Set. COUNT	Y OF DEATH
L DIRECTOR	10s. STATE 10b. COU	NTY	TATIO	DORE		106. INSIDE CITY LIMITS? 1 YES 2   NO
FUNERAL	3203 956	12. WAS DECEDENT EVER IN U.S. ARI		21215 NOENT OF HISPANIC ORI	4	A RACE American Indian.
ВУ	1 Never Married 2 Married 3 Widowell 4 Divorced	FORCES? 1 TYES 2 NN IF YES, GIVE WAR OR DATES	IO If yee, spe	etty Cuban, Mexican, Puer 2 NO Specify	to Ricert, etc.)	Black, Write, etc.
PLETED	15. DECEDENT'S E (Specify only highest or Elementary Secondary, (0-12)	nde completed) (G/	CEDENT'S USUAL OCCUPATION OF NOT WORK MADE IN NOT USE RESPECT.	N of working	NO. KIND OF BUSINESS/INDU	2
BE COMPL	TOON BOY	MARS	Carro François C	18. MODIENO NAME OR	V FOUE	RS
TO	TOR INFORMANT'S NAME (NONPHIN)  20 METHOD OF DISPOSITION	AUSON "	43/11/ FTA	Jan 10 7	hopes city or timen. State. Exp C	21207
	1 Buriel 2 □ Cremellon 3 □ R  □ Donetion 5 □ Other (Specify)  21. SIGNATURE 06-FUNERAL SERVICE	OAPSTE	MID DATE OF DISPOSITION /Name	1 Nova 18	195 DEE	BK MP.
	Jan X	r complications that caused the de	270	TRED MITH	arturistal,	40012 W.
	immeDiate CAUSE (Final disease(or condition resulting in death)	List only one cause on each line.  Renal  Dut TO (OR AS A COMMENT  DUT TO (OR AS A COMMENT	failure	e of dying, such as c	ardiac or respiratory affec	Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. Obstry	hue un	PAShu r	relastation	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	JUENCE OF):	to WA	lder	
MEDICAL C	PART II. Other significant condit	ions contributing to death but not n	esulting in the underlying	cause given in Part I.	24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN: M	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	ITRIBUTE TO CAUSE OF DEAT	TH YES NO	UNCERTAIN		1 🗆 YES 2 🗀 NO
PHYSICIAN:	EXAMINERT  1  YES 2 → HO  27. MANNER OF BEATH	HOSPITAL: 1 Finpetient 2 ER/Outpetient 3 28s. DATE OF HUJURY	OTHER:	5 ☐ Residence 6 ☐ Ot	her (Specify) DESCRIBE HOW INJURY OCCU	aso.
BY	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not 2	28e. PLACE OF INJURY At hor	N 1 N	8K7 ES 2 MO	DCATION (Street and Number of	
LETED	4 Homicide determined		eth occurred at the time, date o		Ry or Newn, State)	111
COMPLET		IMER: On the basis of examination and/or is	nvestigation, in my opinion, de		ate and place, and due to the	cause(s) and manner as stated.
TO BE	CDK	AND SOME FEED OF SHAPE OF SHAP	Th /See See	D2780	60	1/17/95
	CHRISTOF 31. DATE FILED (MONTH), Day, WARD	WER DO KIE	EARNEY	700 W	W DUD	BALTMO
	JAN 1 8 1995	HLLON W.				51530



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within To hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page. 5 should be detached for use as the bunal-transit permit. Page.	white 72 pours the math with the State Dept. of Health and Merital Hydiene prior to burial, cremation, or removal.	IMPORTANT II tem 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDIN	TOR After	offer dea	m si 82
L OR AT	DIRECT	hours	Item 2
TO THE HOSPITAL	TO THE GUNESIAL	THE PERSON TO	MPOSTANT: #
_	1	-	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF OEATN JAN. 15 \$5 PM DARRELL CARTER 6:00 SOCIAL SECURITY NUMBE 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL I.C.U DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 FYES 2 NO 10b. COUNTY more 1st Floor FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yee, specify Curin, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: ver Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use relired.) 15. DECEDENT'S EDUCATION Service 96 notified 2 0 9 METHOO OF DISPOSITION
Burlel 2 - Cremation 3 must on 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVI medical that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest Approximate neart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the Pentine disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) perferring traumatic CERTIFICATION Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF): If any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST 50 Injury. PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY © PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 13 4 any 789 2 NO Shows YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL:
X Xinpetient 2 - ER/Oulpatient 3 - DOA **EXAMINER?** OTHER XX YES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATN 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED is marked, Natural Accident 1 YES 2 NO ВҰ investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) BECOMPLETED 8 Could not be 58 4 Homicide If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee steted. X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

JAN. 17, 1995 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O.C.M.E hute 9

111 Penn Street, Baltimore, Maryland 21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

8 1995

DHMH-16 Rev 1/89

Water and FIST Helph

Ann 4

by the hospital or attending physician, be detached for use as the burial-transit permit. Pages 1, 2. 3 should YLAND 21215-0020

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BALTIMORE, MARY	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	d with	mplet
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					EL WORLD

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	HOWAND	G.	CARTER, JR					Tan 17 1995 YEAR 5:47 am		
	4. SOCIAL SECURITY NUMBER  214-01-5691  90. FACILITY NAME (If not institution, give a	1 × M 2 □ F 81	In yrs. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day Februa)	ry 8,19	BIRTHPLACE 3 Country Pen	(State or Foreign	
TOR	Saint Joseph Hospit				or location of D			of DEATH		
DIRECTOR	10s. STATE 10b. COUNT	lto.		y, TOWN OR LOCA	ATION			L	ISIDE CITY MITS? 'ES 2 \(\hat{\text{NO}}\) NO	
FUNERAL	100. STREET AND NUMBER 2015 Kelbourne	Road	Apt. 102		01. ZIP CODE 21237			S.A.	OUNTRY?	
BY	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, OIVE WAR OR DO	2 NO	If yes, s	CENDENT OF HISPAl pecify Cuben, Mexico S 2 X NO Specif	in, Puerto Rican,	ecify Yes or No— 1 etc.)	4. RACE — Ame Black, White, Specify Whij	atc.	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPAT work done during man retired.)	ION lost of working	16b. KING	OF BUSINESS/INDU			
COMPL	10	Conege (14 or 5+)	<del>Dispa</del>	ther Di	spatche	01	il Compan	у		
BE CC	Howard Carte	r			16. MOTHER'S NA		yler			
5	190. INFORMANT'S NAME (Type/Print) Lloyd Griffee	Route Number, Ch	ty or Town, State, Zip C	Code)						
	20e. METHOD OF DISPOSITION 1	oval from State 20b	PLACE AND DATE:	HISS A DEPOSITION (N ther place)  ETVICE		DATE	ZOC. LOCATION — CH			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Mash T. Zarayra  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home 5305 Harford Rd. Balto. Md. 21214									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other aignificant condition		ut not resulting	n the underlyin	ng ceuse given in		WAS AN AUTOPSY PERFORMED?	COMPLI	UTOPSY FINDINGLE PRIOR TO ETION OF CAUS	
	CONGESTIVE HEART FAILURE  CHRONIC OBSTRUCTIVE PULMONARY DISEASE  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	ne 5 🗆 Residence	6 Other (Soe	c/fv)			
	27. MANNER OF DEATH  Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK?		E HOW INJURY OCCU	RED		
TED BY	Accident Investigation  Suicide 6 Could not be determined		OCATION (Street and Number or Rural Route Number, ity or Town, Stele)							
COMPLETED		CIAN: To the best of my knowl							enner es atatec	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		uldi.	mi)	29c. LICENSE NUM			SIGNED (Month,		
7		O COMPLETED CAUSE OF DE				RD., TO	NSON, MD.	21204	/	
	JOGINDER P. MEH		OS. MED.		S20 YORK	RD., TO	NSON, MD.	21204	_	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 ND

27. MANNER OF DEATH

1 Hetural

2 Accident
3 Suicide

4 Homicide

	95 00927
	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.
BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY  YEAR  3. TIME OF DEATH MONTH DAY  YEAR  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS.  NONTHS DAYS HOURS MIN.  7. DATE OF BIRTH (Month, Day, Mar) F UNDER 24 HRS.  8. BIRTHPLACE (State or Foreign Country) F UNDER 24 HRS.  ON THIS DAYS F HOURS MIN.  9b. CITY, TOWN OR LOCATION OF DEATH FRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS? 1   YES 2   NO  10d. INSIDE CITY LIMITS? 1   YES 2   NO  11. MARITAL STATUS 1   Never Merried 2   Merried 3   Wildowed 4   Divorced  11. Mar Or Date  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO  11. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.  Specify: B PACK  10   YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  12. YES 2   NO  13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.  Specify: B PACK  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  11. YES 2   NO  12. YES 2   NO  13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.  Specify: B PACK  12. YES 2   NO  13. YES 2   NO  14. RACE — American Indian, Black, White, etc.  Specify: B PACK  15. YES 2   NO  16. YES 2   NO  17. YES 2   NO  18. RACE — American Indian, Black, White, etc.  Specify: B PACK  18. RACE — American Indian, Black, White, etc.  Specify: B PACK  18. RACE — American Indian, Black, White, etc.  Specify: B PACK  19. YEAR  19. YEAR  19. YEAR  19. YEAR  19. YEAR  19. YEAR  10. ADTE OF BEATH MONTH MONTH MONTH NOTH
E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cottege (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kills. Do NOT use retired.)  (Give kind of work done during most of working kills. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  To N Coving to Not use retired.)  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18c. EVANGE (First, Middle, Meiden Surname)
TO BE	19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  20a, METHOD OF DISPOSITION 1   Burlet 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)  21. Stormstline of Funeral Service Lieuwsee  22. NAME AND ADDRESS OF FACILITY  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  DATE 20c. LOCATION — City or Town, State 20c. HOCATION — City or Town, State 22. NAME AND ADDRESS OF FACILITY  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  21c. Stormstline of Funeral Service Lieuwsee 22. NAME AND ADDRESS OF FACILITY  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  21c. Stormstline of Funeral Service Lieuwsee 22c. NAME AND ADDRESS OF FACILITY  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  21c. Stormstline of Funeral Service Lieuwsee 22c. NAME AND ADDRESS OF FACILITY  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)
CERTIFICATION	23. PART I. Enter the diseases, or complications that clused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PREPORMED?  1 YES 2 NO

28 PLACE OF DEATH (Check only one)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year) 16-

OTHER: 4 Diffursing Home 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated.

29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or in 29b. SIGNATIONE AND TITLE OF CERTIFIER

26b. TIME OF

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

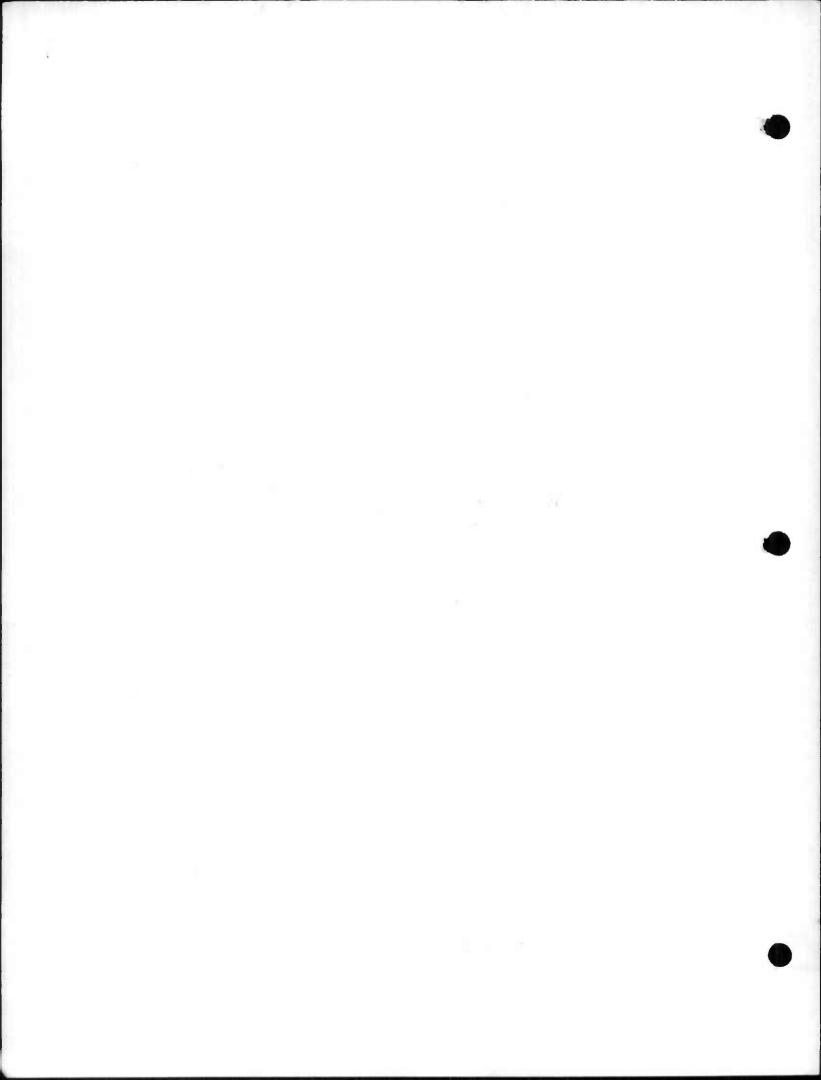
Court	000				,,	1	
NAME AND ADDRESS	OF PERSON	WHD COMPLE	ETED CAUSE	OF DEATH	(ITEM 27)	(Type, Print)	
NAROLL	n A	NO			00	-0	- 61

HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA

28a. DATE DF INJURY (Month, Day, Year)

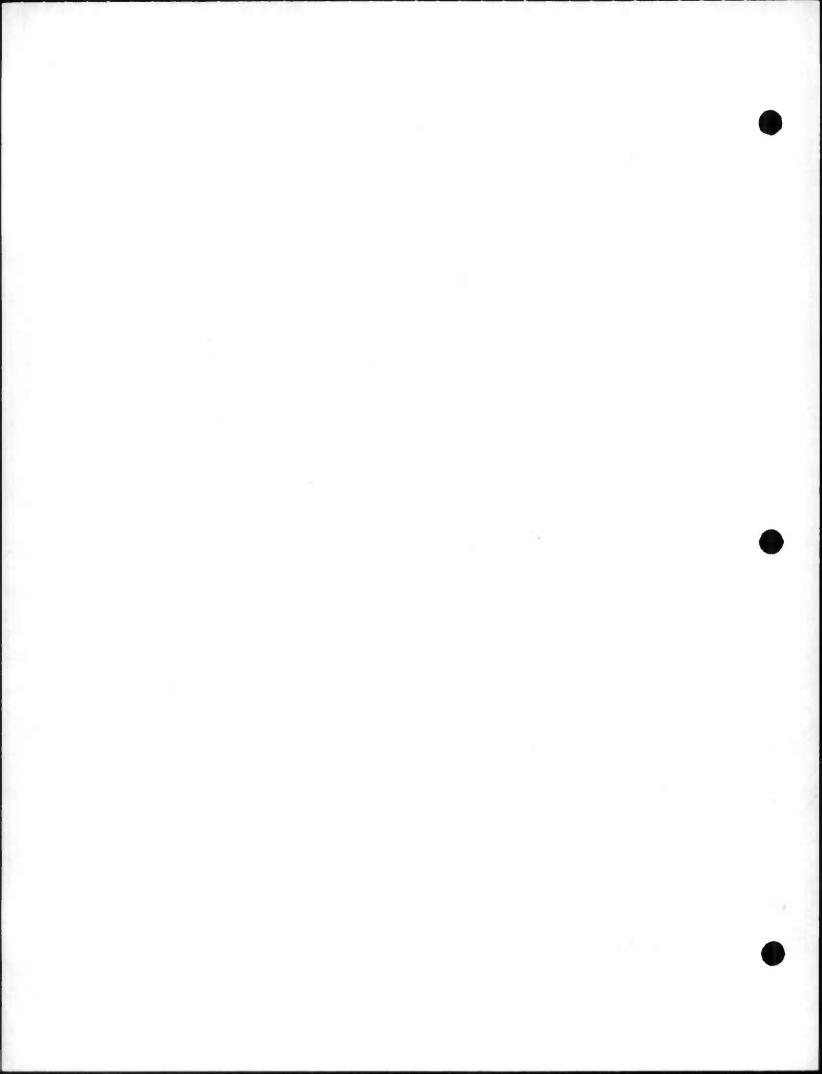
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DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1000	1. DECEDENT'S NAME (First, Middle, Lest) HARRY EDWIN	CROUCH,	JR.	2. DATE OF DEATH DO NONTH DA NUARY	3. TIME OF DEATN					
	212-05-5033 1XI M 2 [] F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-21-190	6. BIR	THPLACE (State or Foreign intry) RYLAND				
TOR	99. FACILITY NAME (If not institution, give street end number) NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT		GLEN BURNIE	EATH	9c. COUNTY OF DEATH ANNE ARUNDE					
DIRECTOR	MARYLAND ANNE ARUND		WN OR LOCATION LEN BURNIE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🖔 NO					
FUNERAL	9 EASTERN STREET		10f. ZIP CODE 21061		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
B	11. MARITAL STATUS  1	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic  1 YES 2 NO Specify No	en, Puerto Rican, etc.)	Bi	CE — American Indian, ack, White, stc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  N/A	life. Do NOT use reti	done during most of working ned.)  NT ANALYZE!	BALTIM electric	ORE GA	S &				
BE CO	HARRY EDWIN CROUCH, S		BERTHA		ARK					
10	199. INFORMANT'S NAME (Type/Print)  DONALD LEE CROUCH  209. METNOD OF DISPOSITION		UDLIN AVENU	E, BALTIN	MORE, M					
	20s. METNOD OF DISPOSITION   Burisi 2	GLEN HAVE	N MEMORIAL  22. NAME AND ADDRESS OF FA	PK GI	LEN BUI					
_	- St Willes		GLEN BURNIE	, MARYLA	ND 2106	51.				
	23. PART I. Entar the disease, or complications that caus shock, or heart failure. List only one cause or IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR A	n each lina.	inter the mode of dying, aud		iratory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST									
MEDICAL	PART II. Other aignificant conditions contributing to death	AUTOPSY 2/	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE			N 🗆		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/O		HER: Nursing Home 5 Residence	6 Other (Specify)						
PH PH	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year 2 1) Accident Investigation	Y 28b, TIME OF	26c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURED					
	3 Suicide 6 Could not be datermined 28e. PLACE OF INJU building, stc. (S	RY — A1 home, ferm, street pecify)	, factory, office	261. LOCATION (Street of City or Town, Stele)	and Number or Flura	l Route Number,				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my kn one)  2 MEDICAL EXAMINER: On the basic of examina					(e) end menner se stated.				
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	29d. DATE SIGNE	D (Month, Day, Year)							
		WOOD PROFE	SSIONAL BLD	G., GLEN	BURNIE	, MD.21061				
	JAN 1 8 1995 July Divident					DNAM. 16. Rev. 1/83				



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TO THE FIGURAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FLUES CHARTHER RATE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be find when the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPDRIAM I marked or Item 23 shows any Injury, or other traumatic event. The medical examiner must be notified at once.	The same of the sa
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) FLORENCE VTR	RGINIA		LARKE		2. DATE OF DEATH MONTH	DAY 12, 1995	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-03-0864	5. SEX 8.	AGE (In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 01-05-19	8. BIRT Coun	HPLACE (State or Foreign	
стов								ARUNDEL	
DIREC	MARYLAND A	ANNE ARU		GLEN I				10d. INSIDE CITY LIMITS? 1  YES 2 NO	
FUNERAL	104. STREET AND NUMBER 8075 GREEN ORC	HARD ROA	D		1. ZIP CODE 21061		U.S.A	WHAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, n		NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.) ly:	fee or No— 14. RAC Blac Spec	E — American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)  N/A	PREPAR	r's usual occupation of work done during me retired.) ED FOOD CAFETER	IN	BALTI	MORE CO	UNTY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) DANIEL VOND	ERSMITH		CAPEIER		AME (First, Middle, Melde HOO]			
TO B	19a. INFORMANT'S NAME (Type/Print) EMMA STAU		19b. MAIL 210	SYCAMOR	E ROAD	Ploute Number City or R	own, State, Zip Code)	21090 YLAND	
	20e_METHOD OF DISPOSITION 1			TEDF DISPOSITION (A	TERY	1/14 1995 BA	LOCATION — City of 1	, MD.	
-	21. SIGNATURE OF FUNERAL SERVICE LIK	Les		1 SEC	COND AV BURNIE,	ENUE, S MARYLA	ETON FU ND 21061	NERAL HOME	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. DUE TO (OR DUE TO (OR C. LU A	AS A CONSEDUENCE AS A CONSEDUENCE AS A CONSEDUENCE	TORY On: On: On:	FAI	LURE		Approximate interval Between Onset and Peath	
MEDICAL CERTIF	That Initiated events resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO.								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL							1 [] YE\$ 2 [] NO	
SICI	EXAMINER?	HOSPITAL:	(Outpetient 3   DOI	OTHEB	LACE OF DEATH (Ch				
λΗς	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, )	URY 28b. 1	TIME OF 28c. IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MORES, Day, 1	Bill!)		YES 2 NO				
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or lown, State) 28f. LOCATION (Street and Number or Rural Ric City or lown, State)							Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my						a) and manner as stated.	
TO BE C	296. BEMATURE AND TITLE OF CERTIFIER	- At	endir	<u></u>	D 21"	MBER 776	29d. DATE SIGNE	(Month, Day, Year)	
	30. HAME AND ADDRESS OF PERSON WH	WAR	7 My	203 E	- PATA	KcoA	v. BA	71 Mpcon	
	JAN 1 8 1995	ful 32 po 4 GUENTARIA	THE WALL				1007	SILES	



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A	e law	has
=	IAN: Th	tificate
DIVISION OF VITAL RECORDS, P.O. B	AL OR ATTENDING PHYSICIAN: The law requires that the death certifical	AL DIRECTOR: After this certificate has been signed by the attending phy
2	DING	After
2	ATTEN	ECTOR
5	OR	DIR
	¥	A.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Virginia (NMN) Disne							DATE OF DEATH		YEAR	. TIME OF DEATH
	VIRGINIA DISNEY							IÄN 15,	1995		1:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	1. AGE (In yrs. Ia 62	st birthday)	MONTHS DAYS	HOURS MIN.	- 0	Month, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give	-		ins.	9b CITY TOWN	OR LOCATION OF D		04-08-19		MAR TY OF DEA	YLAND
E C	NORTH ARUNDEL HO		SOCIAT	TON	GLEN B		LAIN			. COU	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	The second second	5001711		Y, TOWN OR LOCA				л.л.		
DIRECTOR	A SECTION AND ADDRESS OF THE PARTY OF THE PA	INE ARUN	DEL		ROWNS				10d. INSIDE CITY LIMITS?  1  YES 2 X NO		
AL	10e. STREET AND NUMBER				11	f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	960 WATERVIEW					21032			U.S.	Α.	
	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1	YES 2 X			CENDENT OF HISPA Decify Cuben, Mexico			or No-	Black, 1	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES		1 🗆 YE	NO Speci	fy:			Specify:	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(0	live kind of	USUAL OCCUPAT	ON ost of working	T	16b. KIND OF BUS	INESS/INDU	STRY	
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	ll/e	. Do NOT u	BLER	•		MARTIN	ı Mai	וחייודי	70.70
OMI	17. FATHER'S NAME (First, Middle, Last)	14/15	AL	SSER	DUEK	18. MOTNER'S NA	AME (F	ITARILIN		XIEI	IA
ш	FRANK WASI	ELEVSKI				MARY		The state of the s		NOWI	AK
0 B	19e. INFORMANT'S NAME (Type/Print) RAY K. DIS	SNEY	19	b. MAILING	ADDRESS (Street	end Number or Rural	Route	Number, City or Town	, State, Zip C	Code) Z	21032
	20e. METHOD OF DISPOSITION	NET	100000000			IEW DRI			_		
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval Irom State	cemetery, cre	emetory or o		MORIAL		7 23 07 7	EN BI		E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENNER	1	HA	2. NAME A	ND ADDRESS OF FA	CILITY	SINGLE	TON	FUNI	ERAL HOME
	Denie	455	the	5	II SEC	OND AV BURNIE	EN	UE, S.W			
П	23. PART I. Enter the diseases, or	List only one cause	euced the de	eth. Do r							Approximate
	shock or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Des									Onset and Death	
	disease or condition resulting in death) s. Hute negative failure I month									1 month	
z	IMMEDIATE CAISE (Final disease or condition resulting in death)  Acute Repair Failure  Due to (or as a consequence of):  Metastatic Breast Canar  3 years										
E	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSE	OUENCE O	F):						
2	CAUSE (Disease Dr Injury	c. DUE TO (O	R AS A CONSE	OHENCE OF	D.						
CERTIFICATION	that initiated events resulting in deeth) LAST	4	n AS A CONSE	OUENCE O	·).						
	PART II. Other significant condition	es contributing to d	eath but not	reculting i	a the underlyin	a acusa alusa la	Deat			T	+
ICAL		o contributing to u	batti but not i	esuiting	iii the underlyii	g cause given in	Part	PERFORI	MED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
MEDI								1 TYES 2	M NO	0	F DEATH?
Ä	DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF DEA	TH YE	S NO	UNCERTAI	N C				0.10 10.00
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:			N (Check only one, OTHER:						
PHYSICIAN:	1 TYES 2 THO  27. MANNER OF DEATH	1 Inpetient 2 E		DOA 28b. TIM		Ne 5 Residence	_	Other (Specify) DESCRIBE HOW IN	IIIBY OCCU	IDED.	
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJ	URY W	YES 2 NO	200.	DESCRIBE NOW IN	JOHN OCCU	neu	
	3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At ho	me, farm, s	treel, lectory, offic	•		LOCATION (Street er City or Town, State)	nd Number of	r Rural Rou	te Number,
COMPLETED	4 Homicide determined										
MPL		CIAN: To the best of m									
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES		nination and/or	Investigatio	n, in my opinion,			date and piece, end			
BE	STATE OF CENTIFIES	11	2			DZ04		/		-15-	lonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,	Print)		_		/	-15-	70
	LONG S. HSU, M.D.	1406-B C	RAIN H	[GHWA	Y #308	GLEN BURN	NIE	, MD 210	61		
	31. DATE FILED (Month, Day, Year)  JAN 18 1395	A REGISTRAR	SIGN DURE	Ц							
	JAN TO 1999										

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ISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
VISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MA

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERIIF	ICALE	: OF	DEA	IH .	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	2				2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH			
	THOMAS SPALDING								JAN. 16.			995	4:25 P. M
	4. SOCIAL SECURITY NUMBER 718-10-6184	5. SEX 1)(1) M 2   F	6. AGE (In yrs. ia	si birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN,	7. DATE OF B (Month, Day JULY	Whar)	009	8. BIRTH Count WAS	HPLACE (State or Foreign OHINGTON, D.C
	9a. FACILITY NAME (If not institution, give s	9a. FACILITY NAME (# not institution, give street and number)				TOWN 6	OR LOCATE	ON OF DEA		-/		INTY OF D	
R C	STELLA MARIS				Т	OWS	ON					ALTIMORE	
5	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND BALT	10c. CIT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?					
	10e, STREET AND NUMBER	Se STREET AND NUMBER			TOWSON 101, ZIP CODE				10g, CITIZEN OF WH			1 TES 2 X NO	
RA	902 SOUTHERLY RD.	APT 2					212	-			log. Cit		JSA
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No							14. RACE	E — American Indian.					
BY	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 YES 2 1 FYES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:				Specify WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		10	ECEDENT'S	work done o	CUPATIO	ON Isl of workin	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Ä	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)												
N C	DEPARTMENT MANAGER RAILROAD  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)							)					
	2000 10 -01 200	to metter of the property of t											
BE (	19b. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						FALDING						
٩	JOHN CARROLL EDWA	ARDS		134 I	LONGU	E VI	JE DF	RIVE	PITTS.	PEN	INA.	1522	28
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Flam	oval from State	20b. PLACE cemetery, cre			TION /No	me of		DATE	20c. LO	ATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		I DI IT.À N	EV WZ	LLEY				19/95	TIN	JONIU	JM, M	ID.
	21. BIGNATURE OF FUNERAL SERVINE LIC		E. DOLA	N				SS OF FACE	NERAL	HOME	E INC	J.	
_	1000 10 V	Jolan			10	50	YORK	ROAD	TOWSO	N, N	1D. 2	21204	
	23. BART Enter the diseases, or cahock, or heart failure.	complications that List only one cau	t caused tha de se on aach line	eath. Do r	not anter	the mo	da of dyl	ing, auch	aa cardiac	or reapli	ratory an	reat,	Approximata interval Batween
ı	INNEDIATE CAUSE (Final disease or condition	0.11	n	0		1	43						Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	au (	jan	W	Non	nd	<u> </u>				year.
_		7	(00	002.102.0	,,								
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
S	CAUSE (Disease or injury	C											
E I	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CE		d											-
	PART II. Other algorificant condition	a contributing to	death but not	reaulting	in the un	dariying	g cause g	given in P	Part 1. 24a.	WAS AN		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?
Σ									_				1 TES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO OTHER:  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence & VI Other (Specific) Tights of the control												
Si I													
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		ing Hom 28c. INJ	e 5 Re	_	28d. DESCRIB		HOSD		
BY P	1 Neturel 5 Pending	(Month, De	ry, Year)		URY	WO	RK? /ES 2		2001 02401112	2		OUNED	
ED B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY — At he	ome, ferm, s	street, fecto	ry, offic	•		28f. LOCATION City or Tox	(Street a	nd Number	r or Rural F	loute Number,
	4 Homicide determined								Ony or nor	vii, Siele)	_		
<u>ब</u>		CIAN: To the best of	my knowledge, de	eth occum	d at the th	ne, date	and placa,	and due to	o the cause(a)	and men	ner se ste	ted.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the besie of ax	aminution end/or	Investigatio	n, In my op	olnion, d	eath occur	ed at the 1	me, data and	place, and	due to th	ne cause(a	) and manner as stated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	- 0.					29c. LICE	NSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)
D B	Tendall'st	aule	ulli	0			00	406	43		<b>&gt;</b>	1/17	195
	36. NAME AND ADDRESS OF PERSON WHO			, , , , ,	,							, ,	
-	DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204												
	JAN 1 8 1995 A		Randall										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "4" hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE KUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JAMES

E. ENDLEY SR.

2. DATE OF DEATH MONTH DAY TAN 15

TAMES BY MONTH DAY	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH									
JAMES E. ENDLEY SR. JAN 15	95 9:02 PM									
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DATE OF BIRTH	a. BIRTHPLACE (State or Foreign									
219-22-9113   1 1 M 2   F   66 YRS.   MONTHS DAYS HOURS MIN.   (Morth, Day, Year)   4, 19	928 Maryland									
	c. COUNTY OF DEATH									
HARBOR HOSPITAL  RESIDENCE OF DECEDENT  10a. STATE  10a. STATE  10a. STATE  10b. COUNTY  Maryland  Baltimore										
TRESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION										
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore	10d. INSIDE CITY VLIMITS?									
	1 TYES 2 NO									
IOI. ZIP CODE	og. CITIZEN OF WHAT COUNTRY? Jnited States									
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISDAMIC ORIGINAL (Secondary Veneral Property of HISDAM										
	No— 14. RACE — American Indian, Black, White, alc.									
3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 1 NO Specify:	speciMyWhite									
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINE	SS/INDUSTRY									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Warehouseman  16. KIND OF BUSINE (Give kind of work done during most of working life. Do NOT use retired.)  Warehouseman  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden, Sun										
12 Warehouseman Grocery St	tore (A&P)									
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surr	name)									
William Endley Mary	Hadley									
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S  197. Mag. Damona Endlav	tete, Zip Code)									
Mrs. Ramona Endley 606 Millwright Ct. Apt. 14 Mille	ersville, MD.21108									
20a, METHOD OF DISPOSITION  1 A Burlei 2 Cremellon 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of the place)  20c. LOCAT	ION — City or Town, State									
4 Donation 6 Other (Specify) James 1/20/95 Glen	Burnie, Maryland									
21. SIGNATURE OF FUNERAL SERVICE CICENSES MC CUITY FUNERAL HOME OF I	Brooklyn									
237 East Patapsco Avenue										
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
ahock, or hast failure. List only one cause on each line.	interval Batween									
IMMEDIATE CAUSE (Final disease or condition	Onsat and Dauth									
resulting in death)  a. Chest In Lucies Omphica tive										
disease or condition	Oa Dream									
Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	est to death									
cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUT	MACA WERE AUTORIA ENGINEE									
PERFORME	D? AVAILABLE PRIOR TO									
1 PES 2										
1 LIFTES 2	OF DEATHY									
	NO OF DEATH?									
	NO OF DEATH?									
	NO OF DEATH?  1 ₩ YES 2 □ NO									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?    Did to the control of the control	NO OF DEATH?  1 № YES 2 □ NO  RY OCCURED.									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X X YES 2 NO DATE OF INJURY AT WORK?  1 Natural 5 Pending Investigation  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28. INJURY AT WORK?  1 YES 2 NO Product Vehicle	NO OF DEATH?  1 ¥YES 2 □ NO  RY OCCURED.  CLE QCC. Lent									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?    No	NO OF DEATH?  1 N VES 2 □ NO  RY OCCURED.  CLE QCC. CLENT									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?    No	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLE ACC. Sent  Number or Rurel Route Number.  2 tops of all botter									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?    No	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLE accolerat  Number or Rural Route Number.  2 + opsig and botter  as stated.									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X YES 2 NO 1 Inpetient X FR/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 6 Other (Specify)  28b. TIME OF INJURY WORK?  1 YES 2 NO PROTOCOLOGICAL WORK?  28c. INJURY AT WORK?  28c. INJURY AT WORK?  28c. INJURY AT WORK?  1 YES 2 NO PROTOCOLOGICAL WORK?	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLE accolent  Number or Rural Route Number.  2 tops of order Number.  2 tops of order Number.  2 tops of order Number.									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?    A   Check only one	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLE accolerat  Number or Rural Route Number.  2 + opsig and botter  as stated.									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLL ACL. Land  Number or Rural Route Nymber.  4 Sps. Con. 1 Fofter  as stated.  us to the cause(a) and manner as stated.									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  CLE ACL office Nymps.  A tops of the Nymps.  as stated.  as stated.  us to the cause(a) and manner as stated.  Ind. DATE SIGNED (Morth, Day, Vest)									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NO OF DEATH?  1 VES 2 NO  RY OCCURED.  Cle accodent  Number or Rural Route Nymps:  a cops conditions  as stated,  us to the cause(a) and manner as stated,  Id. DATE SIGNED (Month, Day, Year)  JAN 16, 1995									

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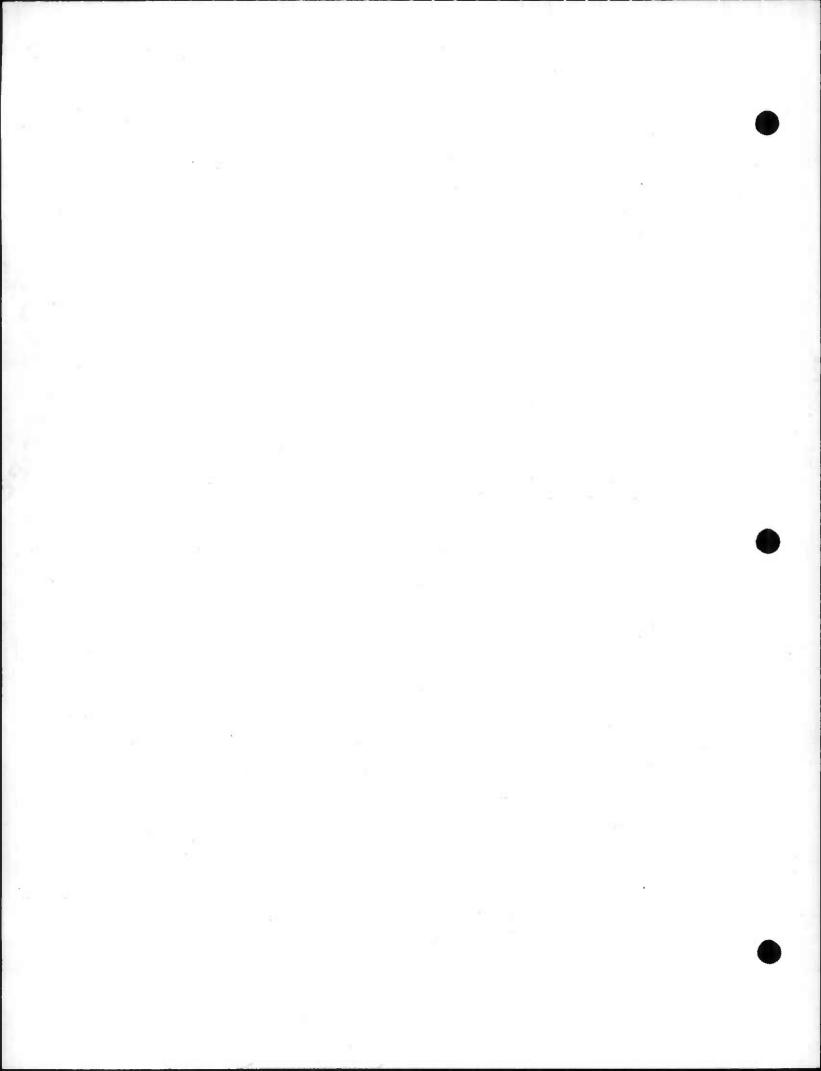
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within set her death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT ALLIANCE AS IS MARKED, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) EDWARD	Α.	FABIS			2. DATE OF DEATH JANUARY T	3. TIME OF DEATN 1424			
	4. SOCIAL SECURITY NUMBER 219-14-0579	(In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		e. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	9a. FACILITY NAME (If not institution, give s  Calvert Memor		tal	9b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY OF Calve			
DIRECTOR	10a. STATE 10b. COUNTY	Ltimore	10c. CIT	Y, TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 7035 Conley	Street		101.	21224			10g. CITIZEN OF WHAT COUNTRY? USA		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES	If yes, spe		NC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	Bla	CE — American Indian, lock, Whita, stc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12)	CATION	(Give kind of v	CEDENT'S USUAL OCCUPATION The kind of work done during most of working The NOT use refired.)  Paint  Paint						
	17. FATHER'S NAME (First, Middle, Last) Edward Fabisz	ak				ME (First, Middle, Maiden a Strzeg	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Michele Harri	son		ADDRESS (Street at	nd Number or Rural F	Route Number, City or Tow	n, Stete, Zip Code)	Md 20689		
	20s METHOD OF DISPOSITION 1 N Buriet 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ovel from State 20	b. PLACE AND DATE of the control of	of disposition (New ther place) 1 Cemet	ne of ery	1 .	cation — city or altimor			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE CLt Cox	ne lle	Conn		uneral Hors Pt Rd				
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	B. DUE TO (OR AS	A CONSEQUENCE OF	Matta			ratory srrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  248. WAS AN AUTOPSY PERFORMED?  1 YES NO  249. WERE AUTOPSY FINDINGS ANLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		ONCERTAIN			1		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 - Nursing Home	RY AT	6 Other (Specify) 28d. DESCRIBE HOW II	HONUN OCCURED	el at IER		
D BY	1 SNetural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, a		ES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Rural	I Route Number,		
4	CERTIFIER Check only	CIAN: To the best of my know								
BE O	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the beale of examination	on and/or investigatio	n, in my opinion, de	29c. LICENSE NUM	IBER		(a) and manner as stated.  D (Month, Day, Year)		
2	30. NAME AND AGORESS OF PERSON WHO MILMAIL PUR	COMPLETED CAUSE OF	EATH (ITEM 27) (Type,	Print) Fy 8 VM		0 Earlen	are Ri	17/Mm M		
	JAN 1 8 1995	32. BEGISTRAR'S SIG	VATURE				1	-1110111		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or item 23 shows any inlury or other traineds. TO BE COMPLETED BY FUNERAL DIRECTOR DIVISION OF VITAL RECORDS, P.O. BOX 68760 D BY PHYSICIAN: MEDICAL CERTIFICATION TO BE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATN
Amm3	FICHTRE	3			LIA ()	JARY 1	1995	5.15 80 W
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIR	THPLACE (State or Foreign
215 48 PASA	1 - M 2 1 K F 89	YRS.	MONTHS DAYS	HOURS MIN.	Sept 1	3 1905	170	RYLAND
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	90	COUNTY OF	DEATH
10 EVERGREE	1 IRAIL		SEVE	RNA F	ARK	P	me F	ARUNDEL
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c CITY	TOWN OR LOC	TION				104 BIGIOS CITY
MARYLAND BAI	1 m = 0:	100.011	1					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	111.1615		MARKY	of, ZIP CODE		1 40	- CITITEN OF	1 YES 2 NO
MOD OLD HA	arten Ran		1 '	0.175	11	10	g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	INIC ORIGIN?	Specify Yea or h	10- 14. BA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES		If yes, s	pecify Cuben, Mexic S 2 NO Speci	an, Puerto Ric		Bla	ick, White, atc.
3. Widowed 4 Divorced				o Lagrico Speci	y.		1 0	TIHO
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEDENT'S U	SUAL OCCUPAT	ION lost of working	16b. K	ND OF BUSINE	SS/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)					
&yrs.		H	1 Hor	75				
17. FATHER'S NAME (First, Middle, Last)	1/	1		16. MOTHER'S N	AME (First, Mid	die, Maiden Sum	ame)	
ANTHONY	KRIVI	IEKY		Ar	MA			
19a. INFORMANT'S NAME (Type/Print)		_		and Number or Rural	Route Number,	City or Town, Sh	ete, Zip Code)	a 1146
DONALO A. LOUP	1001	10 Trac	SPERT	IRAIL	JEV.	-	ARKI	PARYLAND
20a. METHOD OF DISPOSITION  126 Burlal 2 Cremation 3 Remo		PLACE AND DATE OF		lame of	OATE	20c. LOCATIO	ON — City or	Town, State
4 Donation 5 Other (Specify)		ARKW&C	-	ISRY	32	TARK	V. STEV	PARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		S. CO.O.	IND ADDRESS OF F	ACILITY	smore.	22	
168 4.5	Longer		880	HARFO			ARK	115
23. PART I. Enter tha diaaaaaa, or c	complications that caused	the death. Do no	ot entar tha m	ode of dying, su	ch as cardia	or raspirato	ry arrest,	Approximate
IMMEDIATE CAUSE (Final	List only one cause on ea	ach line.						Intarval Between Onset and Death
Alasana an annahatan	Carolini	was so h	4.					3
reaulting in death)	DUE TO (OR AS A							3 years
	mitral	CONSEQUENCE OF	unc ta	tion				10 years
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	0					
Cause. Enter UNDERLYING CAUSE (Disease or Injury	B							
that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF)	:					
resulting in death) LAST	1							
PART II. Other significant conditions	s contributing to death b	ut not reaulting in	the undarivi	ng cause givan in	Part I. 24	In. WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDINGS
		-				PERFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					—   ¹	☐ YES 2×1	NO	OF DEATH?
DID TOP ACCOUNT CONTE	UDUTE TO CAUSE O	F DEATH VE	- D NO I	T IN ICEDIA				1 TYES 2 NO
DID TOBACCO USE CONTR		28. PLACE OF DEATH			иПГ			
EXAMINER?	HOSPITAL:		OTHER:					
27. MANNER OF DEATH	1   Inpatient 2   ER/Outp	28b. TIME		me 5 Residence	1	(pecify)	W OCCUPED	
1 Netural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK?	26d. DESCH	IDE NOW INJUR	17 OCCORED	
2 Accident Investigation 3 Suicide 8 Could as be	28e. PLACE OF INJURY	- At home, ferm, at			28f LOCATI	ON (Street and N	lumber or Burn	I Brute Number
4 Homicide 8 Could not be	building, atc. (Spec	ify)				fown, State)	omber or note.	THOUSE TOTTLOS,
9a. CERTIFIER CON CERTIFYING PHYSIC	CIAN: To the heat of my broad							
	CIAN: To the beat of my knowl R: On the beals of exemination							(e) and manner as stated.
FO. SIGNATURE AND THE LOF CERTIFIED		,		29c. LICENSE NU				
19	latel	l n.p.		D309		290	. DATE SIGNE	D (Month, Dey, Year)
69 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		Print)	1 0 0 1	, ,		JAI	12 1770
LOOTE K D	AVERT NO			101101	1 510	-		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		IORI	1 CHARL	J JIK	(4)		
JAN 1 8 1995 Ju	la Davilson Raso							
I JAN I V IJJJ XV	WILL WARRENCE TO THE	MAN						

•  OH MITENDING PHYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death, Page 6 may be retained by the hospital or attending physician.

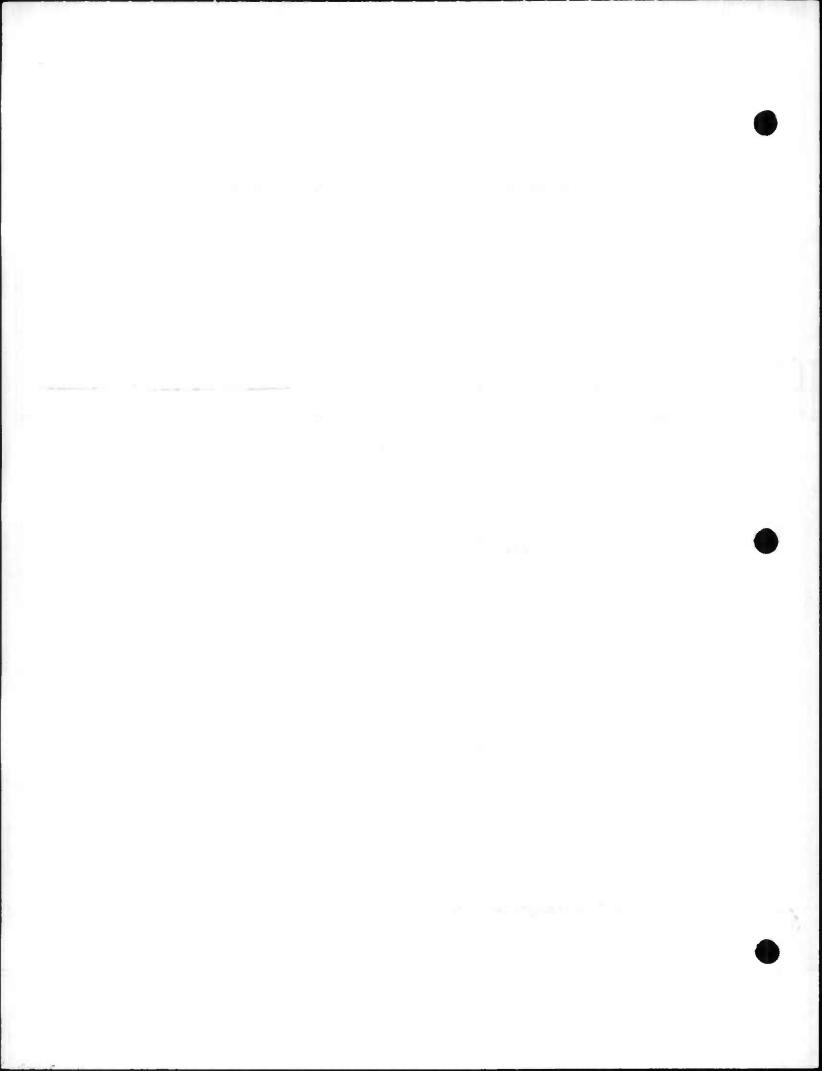
THE TOP: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burial-transit permit. Pages 1, 2, 3 should be used to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE 2 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	ITEMS:	PART II, PER DR. FILM G-721 3/3/95 t.t

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  LANCE  Edwar	d FOR	TUNE	2. DATE OF DEATH	995 YEAR 2:30 PM M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 12 M 2 11 F	6. AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  JAN 12,192	8. BIRTHPLACE (State or Foreign Country)		
OR	9a. FACILITY NAME (If not institution, give street and number) Saint Joseph Medical Center		96. CITY, TOWN OR LOCATION OF D TOWSON, Man	EATH 90	COUNTY OF DEATH Baltimore		
5	RESIDENCE OF DECEDENT						
L DIRECTOR	Md. Balt more		PARKVILLE	14	10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	9315 Walthamwo		101. ZIP CODE 2123	4	USA		
ВУ	1 Never Married 2 Married FORCES?  1 Wildowed A M Dispared	ENT EVER IN U.S. ARMED  1 X YES 2 NO E WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1  YES 2  NO Specify	en, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: WULTE		
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	life Do NOT u		Self Er	mployed		
Ö	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Sum			
BE	JOSEPH F. RIG		ANN		IN-AHKNOWH		
2	DAWN SALAZAR	9315	ADDRESS (Street and Number or Rural Waltham V		Balto. Md. 21234		
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	206. PLACE AND DATE ( COMMETTE VIOLENTIAL STATE OF COMMETTE VIOLENTIAL STATE VI	of Disposition (Name of the place) Corest Veteran Cem	V23/95 Gurri	ON — City or Town, State SON, Md.		
i i	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	,	22. NAME AND ADDRESS OF FA		oo Harford Rd.		
	23. PART I. Entar tha diseasea, or complications t shock, or heart fallure. List only one of IMMEDIATE CAUSE (Final	hat caused the death. Do rause on each line.	not antar the mode of dying, aud	th as cardiac or respirato	Approximate interval Between Onset and Death		
	disease or condition a. MYOCA	ARDIAL INFARCTO (OR AS A CONSEQUENCE OF		sible.	Olisat and Sealin		
NOI	Sequentially list conditions, If any, leading to immediate	TO (OR AS A CONSEQUENCE OF	<b>A</b>				
CERTIFICATION	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF	F):				
ERT	resulting in death) LAST						
	PART II. Other algorificant conditions contributing	to death but not resulting	In the underlying cause given in	Part I. 24s. WAS AN AUTO	OPSY 24b. WERE AUTOPSY FINDINGS		
EDICAL	PROSTATE CANCER			PERFORMED	COMPLETION DF CAUSE		
ME	ALZHEIMER'S DISEASE				DF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH YE	S NO UNCERTAI	N 🗆			
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEAT	TH (Check only one) OTHER:				
S	1 TES 2 NO 1 Inpetient 2	ER/Outpetient 3 DOA	4 Nursing Home 5 Residence	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending (Month) 2 Accident Investigation		E OF URY WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJUR	Y OCCURED		
ETED 6	3 Suicide 6 Could not be 4 Homicide 6 determined	261, LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,				
COMPLE	29a. CERTIFIER (Check only one) 1 SERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of		nd at the lime, data and place, and due				
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER	ipewar	D 3 C	0661 29G	d. DATE SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CO. SIREESH TRIPURANENI, M.			RYLAND 21204	V (९९5		
		RAR'S GNASURE					

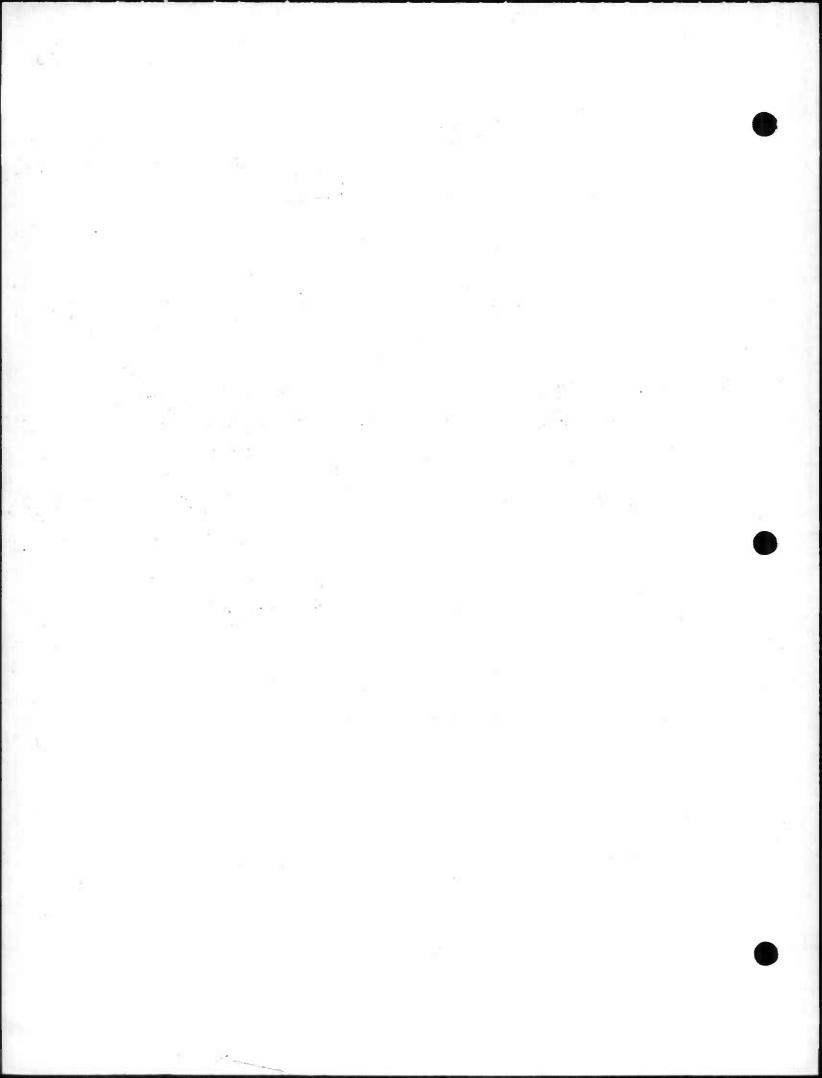
DIVISION OF VITAL RECORDS, P.O. BOX 68760



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		HEGISTHAR	CERTIF	ICATE OF DEATH	REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	J. FALLS		2. DATE OF DEATH DAY YOU THE DAY 13 9.	3. TIME OF DEATH  S /0 /3 p M
-		110 001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEX 8. AGE (In yrs. last birthday)  M 2   F 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) JAN 11 1921	BURTHUR ACE (State of Foreign
. 3 should	NC.	90. FACILITY NAME (If not institution, gife street	and number)	9b. CITY, TOWN OR LOCATION OF DE		OF DEATH
iges 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		104. INSIDE CITY LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZES	1 X YES 2 □ NO S OF WHAT COUNTRY?
. usit	FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARMED	2/2/	NIC ORIGIN? (Specify Yes or No.—	HACE - American Indian.
	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES 2 ND  IF YES, GIVE WAR OR DATES  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If yee, specify Suban, Mexico 1 YES 2 N ND Specif	in, Puerto Ricen, etc.)	BLACK
al or attending for use as the	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete (9-12)		USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDU	FRY
the hospita detached once.	OMPL	17. FATHER'S NAME (First, Middle, Last)	Yrin	18. MOTHER'S NA	ME (First, Middle, Malden Jurname)	R
s should be on notified at	9E	184 USFORMANT'S HAME (TypesPring)	TOD. MAILING	MAZ	Poute Number, City or Town, State, Zip, Co	(de)
ay by	10	29a, METHOD OF DISPOSITION	FANCLAIN 400	LINCOLN (9RON	MATE SOLLOCATION - CRY	DN.C 27401
e 6 m rector,		1 M Burial 2 Crampfon 3 Parmoval 4 Donation 5 Diffus Specify 21. SIGNATURE OF FUSERAL SERVICE LICENS	from State contains constancy or a	V-TOREST VA	1/19/95 (ININGS	1142
0 = 0		1 Jan 1771	me	270 FRADA	VILLON MISS	MIT. MD. 21229
or remo		23. FART L'Epitr the diseases, or complete the complete complete the complete complete the complete complete complete the complete complete the complete complete the complete complete the complete complete the complete complete the complete complete th	prications that caused the death. Do ronly one cause on each line.	not enter the mode of dying, suc	h ss cardiac or respiratory arrest	Approximats Interval Batween Onset and Death
completely fille ial, cremation, event, the		disease of condition resulting in death)	HOME UMOC	ardial infar	ctun	30 minus
e be executed sician and con- rior to burial, traumatic e	LION	Sequentially list conditions, if any, leading to immediate	MOUR TO TOP AS A CONSEQUENCE OF	Farling	2	13days
ertificate be ing physicia rgiene prior other trae	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO JOR AS A CONSEQUENCE OF	te preum	ma	Bolays
the death ce y the attending d Mental Hyg Injury, or o	O	resulting in deeth) LAST	naile angles	trup blean.	Farline	11 65000
that the an	EDICAL	1 1	enal Talling	In the underlying cause given the	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Pen S	Σ	2ª Phado uny DID TOBACCO USE CO	NTRIBUTE TO CAUSE OF	DEATH YES NO		1 TES 2 NO
PHYSICIAN: The law this certificate has b with the State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	OSPITAL:	28. PLACE DF DEATH (Ch OTHER: 4 \( \) Nursing Home 5 \( \) Residence		
ING PHYSIC After this cer leath with th marked, c	ВУ РНУ	27. MANNEN OF DEATH  1 W Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year) 28b. TIM	E OF 28c. INJURY AT WORK?  M 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY OCCUR	ED
ATTRACTING TOTAL After The death	ED	3 Suicide 6 Could not be 4 Homicide	28e. PLACE OF INJURY — At home, ferm, s building, stc. (Specify)	street, factory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
( T )	COMPLET		i: To the best of my knowledge, death occurr n the basis of examination and/or investigation			
TO THE HOSE TO THE FUN be filed with	BE CO	296. BUGHATURE AND TITLE OF CERTIFIER	Dan	29c LICENSE NU		GNED (Month, Day, Year)
223	OT.	30 NAME AND ADDRESS OF PERSON WHO CO	MPLENED CAUSE OF DEATH (ITEM 27) (Special	my your se	cours warnife	188 188
34		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	VI, = 2000 W	· Bultura, M.	1. 21223
		JAN 1 8 1995 Feld	a Skudson Randall			



95-0255-510

95 00937

			1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIE REG. N			
			1. DECEDENT'S NAME (First, Middle, Last)  JAMES	W .	FLEMMIN	IG JR.	2. DATE OF GEATH MONTH. JAN	r4 "	3. TIME OF DEATH 5:39 Pm.	
			4. SOCIAL SECURITY NUMBER 213-22-4054	5. SEX 6. AGE (In yrs. last	birthday) IF UNDER t YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1955	BIRTHPLACE (State or Foreign Country)	
	3 should	œ	9a. FACILITY NAME (If not institution, give s			OR LOCATION OF D		9c. COUNTY	OF DEATH	
	1, 2,	CTOR	1900 N. COLLING			MORE CI	TY			
	nit. Pages	DIRE	Maryland 106. COUNTY		Baltim	ore.			10d. INSIDE CITY LIMITS? 1 ES 2 NO	
	nsit permit.	FUNERAL	3605 Fair	view Ave	11	21216		10g. CITIZEN	OF WHAT COUNTRY?	
020	burial-transit		11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes, a	pecify Cuban, Mexico	NIC ORIGIN? (Specity an, Puerto Rican, etc.)	Yee or No — 14.	RACE — American Indian, Black, White, etc.	
21215-0020	as the	ED BY	3 Widowed 4 Divorced  15. DECEOENT'S EDUC		CEDENT'S USUAL OCCUPAT	S 2 NO Specia		BUSINESS/INDUS	Negro	
	5 2		(Specify only highest grade Elementary/Secondary (0-12)	completed) (Giv	ne kind of work done during m Do NOT use retired.)	ost of working	160. KIND OF E	DSINESS/INDUS		
MARYLAND 2		COMPL	17. EATHER'S NAME (First, Middle, Last)	Tanai C	DISUB	16, MOTHER'S NA	AME (First, Middle, Meld	en Sumerne)		
MARY	5 should be notified at	) BE	19e. INFORMANT'S NAME (Type/Print)	Teming Sr	MAILING ADDRESS (Street	HE E	Route Number, City or 1	INCh bwn, State, Zip Co	(de)	
	S =	5	Diane Bai	LEY 20b, PNACE M	NO N. COL	ington		Patto.	Md. 2/2/3	
MORE	1 E		1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	ovel from State ceme Over	atory of other clace)		1/19/95 B	alto.	Ma.	
BALTIMORE,			Dorent	PRUN	Jose Jose	PORESS OF F	luss F	were	Home	
Dours after B	in by		23. PARMI. Enter the diseases, or o shock, a heart failure.	omplications that caused the dea List only one cause on each line.	ath. Do not enter the m	ode of dying, aud	ch ea cerdiac or rea	piratory arrest	Approximate Interval Between	
0	the the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	NARCOTIC AND COC	AINE INTOXICAT	ION			Onset and Death	
. 68760 proceeding with	5 7 6	z		DUE TO (OR AS A CONSECU	UENCE OF):					
Ö	clan ior b	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOU	TO (OR AS A CONSEQUENCE OF):					
P.O. B		CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	UENCE OF):					
DS,	the atted Mental	CAL CE	PART II. Other aignificent condition	a contributing to deeth but not re	sulting in the underlying	g ceuse given in	Part I. 24a. WAS /	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
0 5	th ar	MEDIC					PERF 19 YES	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
L RECC	07 63 65 E	N: M	DID TOBACCO USE CONTR				N 🗆		1 YES 2 NO	
Y A	e ate	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TAKES 2 NO	26. PLACE HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	OTHER:  DOA 4   Nursing Hor		6 Other (Specify)	AT SC	ENE	
PHYSICIAN	fter this cert eath with the marked, o		27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) FOUND 1/14/95	26b. TIME OF 28c. IN	JURY AT ORK?	28d. OESCRIBE HOV			
DIVISION OR ATTENDING	4 B A	ED BY	2 Accident Investigation 3 Suicide 6 X Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, tactory, offic	**	UNKNOWN  261. LOCATION (Street City or Yown, Sta	et and Number or F	Rural Route Number,	
	Te our	COMPLET		TOUND 1 n house		e end place, end due	Baltimor	e. Md.	Tring con Ave.	
HOSPITAL	TO THE FUNERAL De filed within 72 h		one) 2 MEOICAL EXAMINE	R: On the beele of examination end/or in		death occured at the	time, date and piece,		ruse(e) end menner ee stated.	
THE OT	TO THE be filed IMPOR	TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	Gell		O.C.M.			N 15, 1995	
)		-	DWILL R			reet, E	Baltimor	e, Mar	yland 21201	
			JAN 1 8 1995 Jul							
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VIIAL RECORDS, P.O. BOX 68/60,	requires that the death certificate be executed within 24 hou
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7	AL OR ATTENDING PHYSICIAN:
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											9	5 U	0938
	1 - FOR STATE REGISTRAR		MARYLAND /	ERTIF	ICAT	T OF H	EALTH DEAT	AND I		GIEN			
i	1. DECEDENT'S NAME (First, Middle Last)								2. DATE OF DE	DA	6	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-78-1509	5. SEX 1  M 2  F	6. AGE (In yrs. less	st birthday) YRS.	# UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIE	1, 1	.909	New Y	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give Harbor Hosp				9b. CITY		timo	ON OF DE		-	9c. COU	NTY OF DEAT	Н
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 106. COUNTY	TY		10c. CH	aper	1996 P	ION	-				1 1	d. INSIDE CITY  LIMITS?  YES 2 NO
ERAL	100. STREET AND NUMBER 1642 S. Charles S	Street				10f.	ZIP CODE	230			10g. CITI Unit	izen of whated Sta	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARI X YES 2 N WAR OR DATES		13.	WAS DEC	ENDENT O	F HISPAN n, Mexican Specify	HC ORIGIN? (Spe n, Puerlo Ricen,	elfy Yes atc.)	or No—	14. RACE — Black, W Specify: V	American Indian, Ibita, etc. NN 1 TE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +	(Gr	CEDENT'S live kind of v	work done se retired.)	during mo	ON st of workin	ng .			Home		
BE COM	17. FATNER'S NAME (First, Middle, Lest) Alfred	L.	Paulsen		16112		Anna	ien's Mai	ME (First, Middle,				sen
TO B	194. INFORMANT'S NAME (Type/Print) Mr. Robert Farkas		77	756	W OOC	S (Street a	nd Number 1 AVE	or Rural R	Pasade	ena,	MD.	2112	22
	20a. METNOD OF DISPOSITION 1) Burial 2 Cremation 3 Ren 4 Denation 6 Other (Specify)	4	20b.PLACEA		She C'en	heter	`y		/20/95	Bal	ltimo		aryland
	21. SIGNATURE OF FUNERAL SERVICES	Rynik			NC <sup>22</sup> .	Cull 37 Ea	y Fu	nera atap	Home Sco Ave	of enue	Broo Ba	klyn lto.,	Md. 21225
	shock, Dr.haart failure. List only one cause on asch line.								Approximsta Interval Between Onset and Death				
NOI	Sequantially list conditions,	b. Cer	OR AS A CONSECTION AS A CONSEC	DUENCE OF	er/	1	feri	lur	ف				( <u> </u>
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC										
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	ns contributing to	death but not re	eaulting	In the u	ndariying	) cause g	ilvan in i		WAS AN PERFOR		CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?
AN: M	DID TOBACCO USE CONT	IRIBUTE TO CA					UNC	ERTAIN	10			1 {	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  1 Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		lay, Year)		JURY M	1 🗆 Y	RK? /ES 2	NO NO	26d. DESCRIBE NOW INJURY OCCURED				
8	3 Suicide 8 Could not be 4 Homicide determined	ome, farm, s	atreet, fec	tory, office	•		28f. LOCATION City or Town	(Street a 1, State)	nd Number	or Rural Route	Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of an											d manner as stated.
20h CICHATURE AND TITLE OF CONTINUES								E SIGNED (Mo	95 Years				

Alla Divolor howell 31. DATE FILED (Month, Day, 1995

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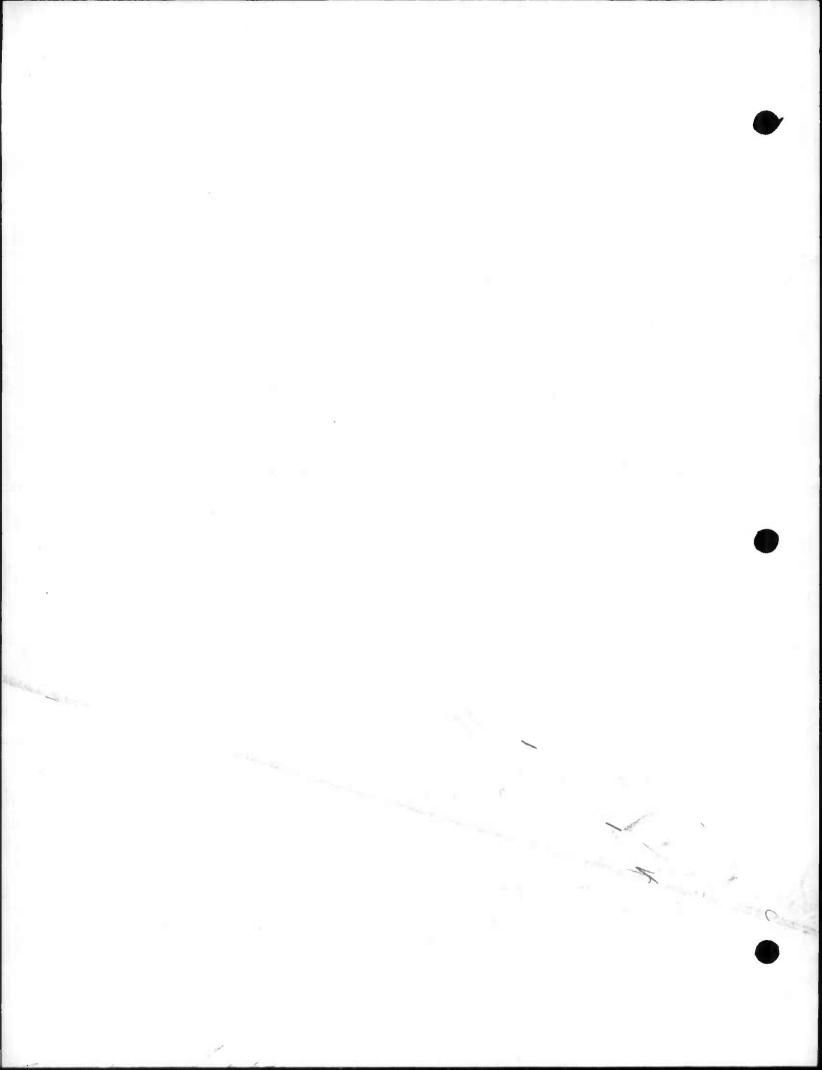
21215-0020

DIVISION OF VITAL RECORDS,

	FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH A					
	1. DECEDENT'S NAME (First, Middle, Last)		SKIN		2. DA	REG. NO.	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24		TE OF BIRTH	95 a. air	THPLACE (State or Foreign	
	2/7-60-4834  De. FACILITY NAME (If not institution, give st	1/2 M 2 D F 4/	YRS.		2	onth, Day, Year)	3 000	Md Md	
CTOR	University RESIDENCE OF DECEDENT	of MD Ho	50	By Altimor		10	Sa /7	TO SEATH	
DIREC	10a. STATE 10b. COUNTY			WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 59 18 Frunkl	us Aug		101. ZIP CODE	47	101	. CITIZEN O	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	No	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NAO	Wexican, Puerl	GIN? (Specify Yes or N to Rican, etc.)	91	CE — American Indian, ack, White, atc.	
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC	ATION 16s	. DECEDENT'S USU	AL OCCUPATION		6b. KIND OF BUSINES		Dlach	
ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work of the Do NOT use reti	1: 111.11	w				
COMPL	17. FATHER'S NAME (First, Middle, Last)	ock.	Conformat		S NAME (Firs	t, Middle, Maiden Sumi			
TO BE	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig-Code)  17239								
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Ramo	val from State compositi	ACE AND DATE OF DI	POSITION INSIDE OF		May	OH - City or	Town, Stata	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	A Whome	ofn to	22 MAME AND ADDRESS	OF FACILITY	West wast	nsu,	21215	
	23. PART I. Ever the diseases, or complete or heart failure. I	omplications that caused the lat only one cause on each	deeth. Do not e	nter the mode of dying	, such aa ce	OWCOM ardiac or respirator	ry arrest,	Approximata	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	4		Posrly	Diff	eventian	++1	Interval Batwee Onset and Deat	
NO	a. Metastatic Posty Differentiated  Due to (or as a consequence of):  Carcinsung  b. Due to (or as a consequence of):  Carcinsung								
ICATI	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  c.								
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):						
MEDICAL C	PART II. Other algnificant conditions	contributing to death but n	ot reaulting in th	e undarlying cause give	en in Part i.	24a. WAS AN AUTO PERFORMED	?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
.,	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF D	PEATH YES [	□ NO □ UNCER	TAIN 🗷			1 TYES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	26. F HOSPITAL: 1 □ Inpetient 2 □ ER/Outpetien				her (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 N	28d. D	EŞCRIBE HOW INJUR	Y OCCURED		
HED BY	2 Accident investigation 3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street	, tactory, office		OCATION (Street and Ni ity or Town, State)	umber or Rurs	I Route Number,	
MPLE		IAN: To the best of my knowledge							
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of examination and	f/or investigation, in	my opinion, death occured				e(a) and manner as stated. ED (Month, Day, Year)	
BE	Kenneth	China 1	MD		ファフ			(Month, Day, Hear)	

32. REGISTRAR'S SIGNATURE

FMD Medical (+V, Bultimer, MD



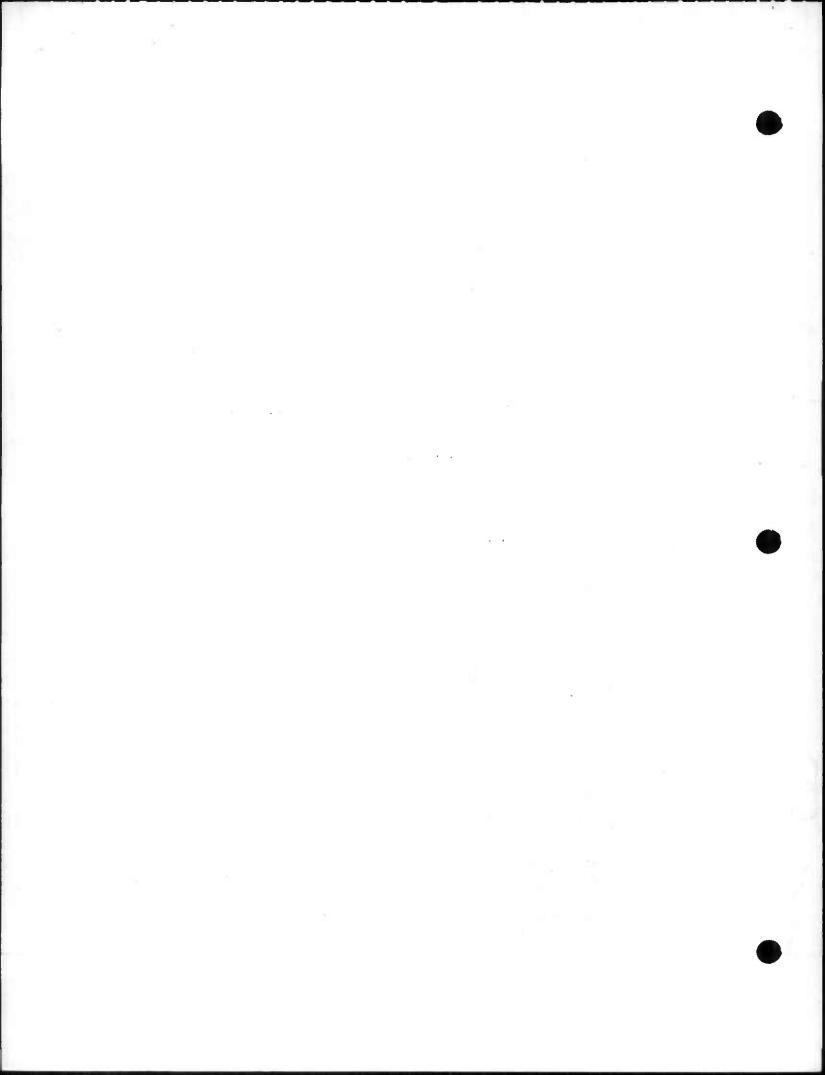
DIVISION OF VITAL RECO	R THE INVSICIAN: The law requires	RECIDE AND THIS certificate has been signed	was also with the State Dept. of Healt	im 26 in mirred, or item 23 shows a
u	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If I

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	IDE Ama this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
ISION OF VITAL RECORDS, P.O. BOX 68760.	TTT-ALE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IDE AMP this certificate has been signed by the attending physician and completely filled in by the fill the completely filled in by the fill the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	It is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

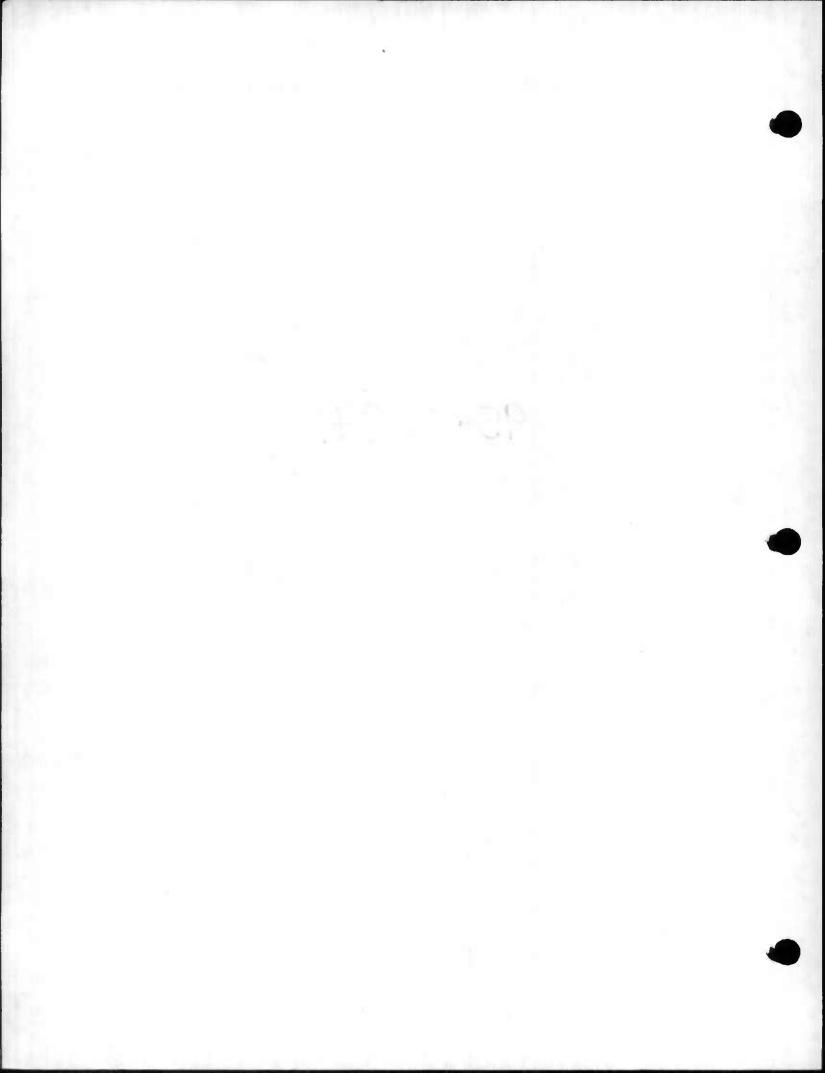
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIFIC	ATE OI	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	0 1 1					2. DATE OF MONTH	DEATH	Y 400	YEAR	3. TIME OF DEATH
	John Moo						Januar		,199		1:30 A. M
	4. SOCIAL SECURITY NUMBER 165 12 7143		AGE (In yrs. last b		UNDER 1 YEAR NTHS DAYS		7. DATE OF I	ly, Year)	5	Count	IPLACE (State or Foreign ly)
. 1	9e. FACILITY NAME (If not institution, give a					OR LOCATION OF DI	EATH			NTY OF D	
6	8620 Kelso Drive	Apt. D-4	03		Essex				Balt	imon	re
<u> </u>	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	Y		10c. CITY. T	OWN OR LOC	ATION					10d, INSIDE CITY
DIRECTOR	Md. Balt	imore			sex						LIMITS?
BY FUNERAL	8620 Kelso Drive	e Apt D-40	3		1	or. ZIP CODE 21221			USA	ZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME YES 2 NO	D	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (S	pecify Yea	or No-	14. RACI	E — American Indian, k, White, etc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 2 XNO Specifi		n, 416j		Spec	lly.
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give	kind of work	JAL OCCUPAT	TION nost of working	16b. KIN	ethl	INESS/INC	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. D	o NOT use re Stima	tired.)			teel			
8	17. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S NA					
BEC	John	Grim	shaw			Jessie	Moo				
2	190. INFORMANT'S NAME (Typo/Print) Barbara Bullinge	er	196. 1	918 C	nester	end Number or Rural in	Poute Number, 6	city or Town	Ad. 2	21213	3
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)	oval trom State	cemetery, crema	tory or other	place)	1 10	9-95		erlea		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	ŷ.		22. NAME	ANO ADDRESS OF FA			_		
	harter	D. Zew	len			es S. Zei Eastern <i>l</i>			_		
	23. PART I. Enter the diseasee, or o shock, or haert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Mes	on each line.	ome		ode of dying, suc	h ss cerdiac	or respir	atory sm	rest,	Approximate Interval Batween Onset and Death
_		DUE TO (OF	AS A CONSECU	ENCE OF):							
CERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate	DUE TO (OF	AS A CONSEOU	ENCE OF):							
2	CAUSE (Disease or Injury	C. DUE TO (OR	AS A CONSEQUE	ENCE OF							
RT	that initiated evente resulting in deeth) LAST	4	AG A GONSEOU	LIVOE OF J.							
- 1	DATE II Oshoo alaulii aa aa alii										
EDICAL	PART II. Other significent condition	- 1		ulting in t	he underlyl	ng cause given in	Part I. 24	PERSONI		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			searc_	-			1 [	YES 2	□ NO		OF DEATH?
Σ	DID TOBACCO USE CONTI	DIRLITE TO CALL	E OF DEATH	J VEC		T LINICEDTAIN					1 TYES 2 THO
¥	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS			Check only one		101				
SIC	EXAMINER?	HOSPITAL:	VOutpatient 3 🗆		THER:	me 5 Thesidence	6. Other (Sc	morful.			
PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,	URY 2	86. TIME OF	28c, IN	JURY AT	28d. DESCRI		JURY OCC	CURED	
ED BY	2 Accident Investigation 28s. PLACE OF INJURY At home form street factors office.							Poute Number,			
LET	200 CENTIFIED	Class. To the board of the						_			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exam									) and manner ee stated.
H H	29b. SGNATURE AND TITLETOF CENTURE	M_M	D			INCLICENSE NUM	108		29d. DATI	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE C	OF OEATN (ITEM 2	T) (Type, Prin	"Jand	Arc B	alt.	ma	2	122	4
			1 - 1								
	JAN 1 8 1995 Jul	22. REGISTRAR'S	SIGNATURE	110		1		y			,



VOID
CERTIFICATE # 95-0094/\_
SEE
CERTIFICATE #



Ite	m # 1 Film # g 719 1-1 FOR STATE REGISTRAR		ARYLAND /					MENTAL HYGIE REG. N	NE	, 0	0942
	1. DECEDENT'S NAME (First, Milest, Last	DA TAGE	Λ	ood Euge				2. DATE OF DEATH MONTH	E 199	3	TIME OF SEATH
	217-40-2176	1 - X 2 -	6. AGE (In yes, leaf 50	YRS. MONT	HS DAYS	HOURS I	HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec. 25,	1011	Country)	ACE (Stete or Abrél) /land
_	9a. FACILITY NAME (If not institution, give		191			OR LOCATION	OF DE		9c. COUN	TY OF DEA	TH
DIRECTOR	79 Eastford Court			C	arney					Balti	more
E E	10e. STATE 10b. COUN			10c. CITY, TOV		TION				10	Dd. INSIDE CITY
		timore		Carne	у					1	LIMITS?
RAL	100. STREET AND NUMBER 79 Eastford Court	-				1234			10g. CITIZ	S.A.	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED T			HISPANI	C ORIGIN? (Specify Y			- American Indian,
B	1 Never Married 2 Merried 3 Wildowed 4 X Divorced	FORCES? 1   IF YES, GIVE WI	YES 2 XNO		If yes, sp	ecify Cuben, I	Mexican Specify:	, Puerto Rican, etc.)	W 01 110—	Specify: Whi	Vhite, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Ghv	EDENT'S USUA e kind of work do Do NOT use retire	one during mo	ON st of working		16b. KIND OF B	USINESS/INOU	ISTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ce Wor				Railre	oad -	Chess	sie
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAM	IE (First, Middle, Maide			
H	Norwood E.	Gunterma				Geor				iller	`
2	19a. INFORMANT'S NAME (Type/Print)  Jenifer L. Gunterman  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  11111 Old Carriage Rd., Glen Arm, Md. 21057										
	20e. METHOD OF DISPOSITION  1 Buriel 2/A Cremellon 3 Rei	noval from State		PO DATE OF DIS			8/9		OCATION — C		
	21. SIGNATURE OF FUNERAL SURVICE A	CENTER -	HILLOC						V5011,	Darte	o. Ma.
	Ernest .	eist, II	I		5305	Harfor	d R	k, Inc. Rd., Balt	imore,	Md.	21214
	23. PART I. Entar tha diseases, or ehock, or heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	. List only one caus	coused the deale on each line.			•	_		Piratory srre	st,	Approximata Interval Betw Onset and D
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (	OR AS A CONSEQU	JENCE OF):							
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (	OR AS A CONSEQU	JENCE OF):					_		
MEDICAL CI	PART II. Other significant condition	na contributing to d	deeth but not re	aulting in tha	underlying	g ceuse give	en in P	Part I. 24a. WAS A PERFO	BWED?	AM CC OF	ERE AUTOPSY FINDH MILABLE PRIOR TO DMPLETION OF CAUS F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEAT	'H (Chec	ck only one)			
<b>≟</b> ∥	27. MANNER OF DEATH	1 Inpetient 2 I	NJURY	28b. TIME OF	Nursing Hom 28c, INJ			Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	IBEO	
BY P	1 Natural 5 Pending Investigation	(Month, Day	r, Year)	INJURY	WO					1120	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hometc. (Specify)	e, farm, street,	lectory, office			28f. LOCATION (Street City or Town, State	end Number o	r Rural Rout	Number,
COMPLET		SICIAN: To the best of m									ld manner an east-
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE				1	29c. LICENS					outh, Day, Mary
MA 15											

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S OF PERSON	WHO/COMPL	ETED CHUSE be	BEATH THE	27) Type, Print)	1
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2. DATE OF DEATH MONTH

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STATE REGISTRAR

John

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH (Month, Day, Year 1 M 2 F DAYS HOURS 220-20-27/0 Aug. 7, 1927 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Harbor Hospital Center Balto.City, Md. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Balto.City, Md. permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE burial-transit 1530 S.Charles St. 21230 retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 YES 2 NO Specify: ¾ Widowed 4 ☐ Divorced use as the ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for ntary/Secondary (0-12) College (1-4 or 5+) COMPL 12th.Grade Bus Driver once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, at Gibson, Sr. John W. Nancy E. Mister BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. John E. Gibson 108 Arundel Ave. Severna Park, Md. 21146 2 must be Page 6 may 20b. PLACE AND DATE OF DISPOSITION / Name of 4 Donation 8 Other (Specify) Ashbury Meth.Cemt, 1/20/95 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home, 130 E. Fort Ave completely filled in by the ial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. ŏ IMMEDIATE CAUSE (Final cremation, the disease or condition Acute respiratory tailure event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) hysician and com entricular Tachycardia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate attending physician cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): other that initiated evente resulting in death) LAST ö Mental Injury, signed by the a Health and Ment PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO 8 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY After t 26s. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) ETED 3 Suicide 69 DIRECTOR: A 6 Could not be 4 Homicide 28 hours a Tem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE wermin chun 244 16 14 MID 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Hanbor Hospita Wen-min Chuu 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Studen Radall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

W.Gibson, Jr.

IF UNDER 1 YEAR IF UNDER 24 HRS.

AKA

6. AGE (In yrs. last birthday)

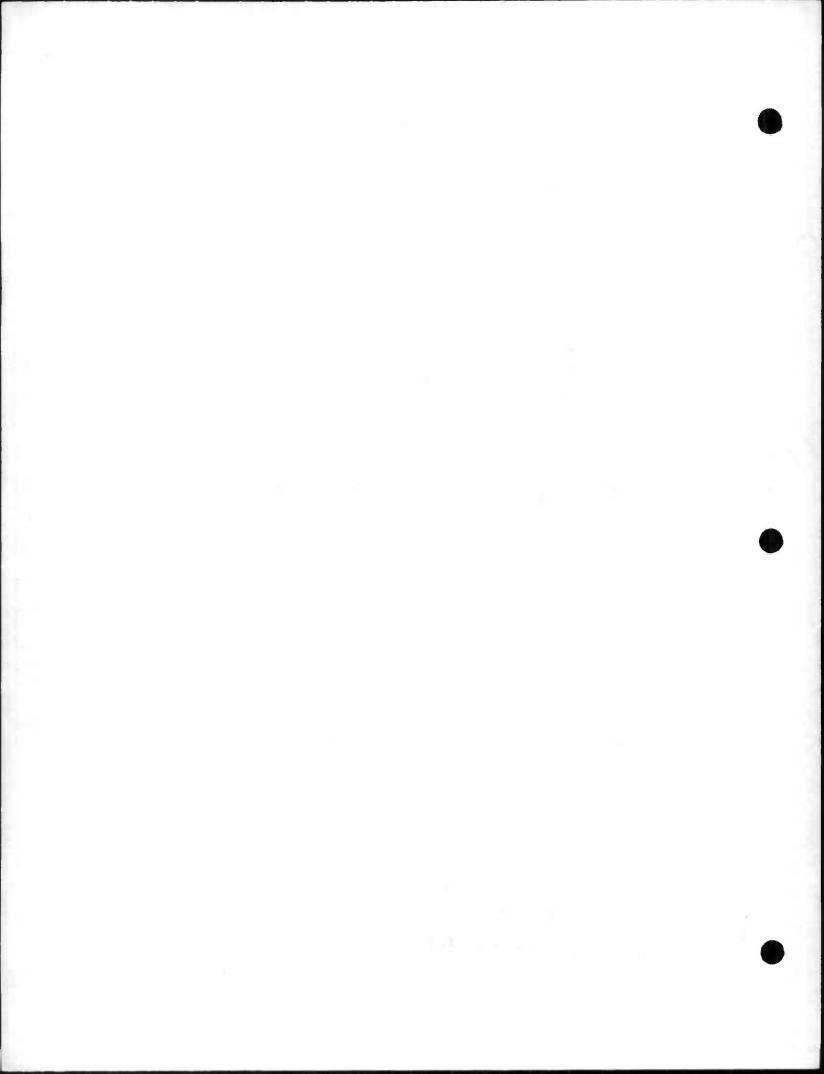
Gibson

5. SEX

John

3. TIME OF DEATH 3:31 75 B. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: White Balto.City 20c. LOCATION - City or Town, State Prince Frederick.Md Balto.Md.21230 Approximate Interval Between Onset and Death 2 hours yea 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) DO1/16

DHMH-16 Rev 1/89

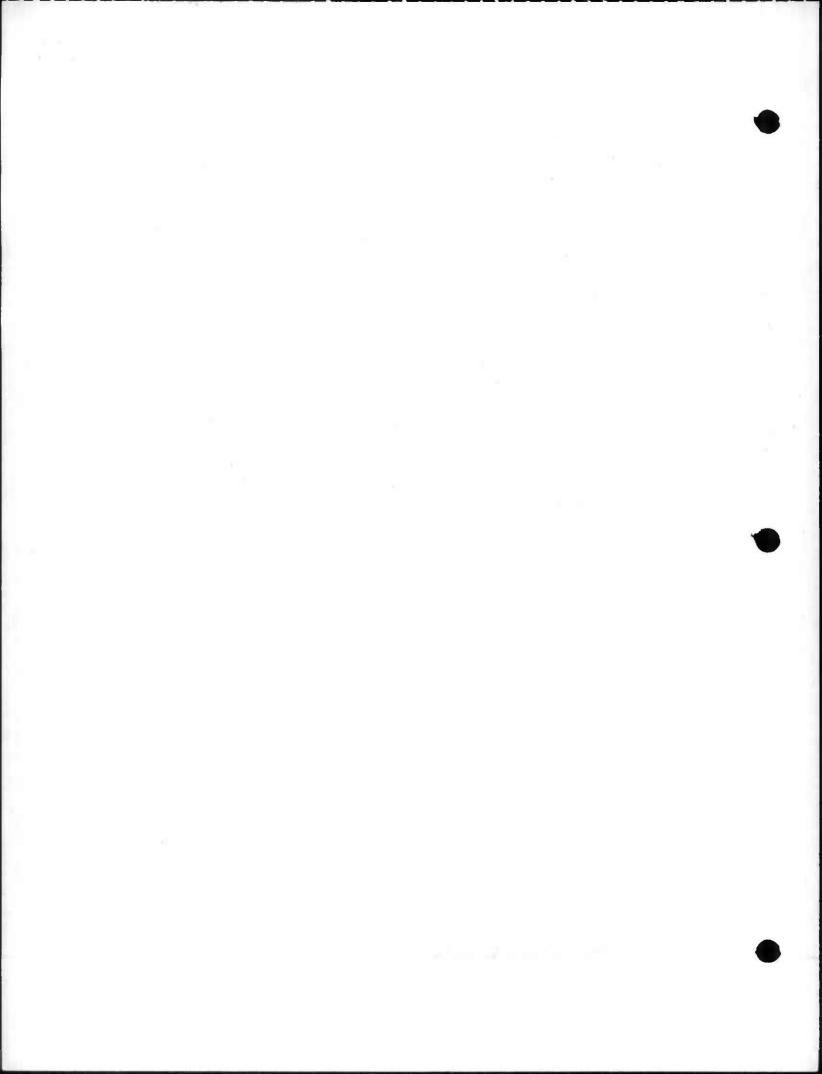


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BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020  PITAL TRIENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be retained by the hospital or attending physician.	The contract when this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	The naried or item 23 shows any injury or other fraumatic event the medical evantues he notified at each

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

POBERT GILBERT  SOCIAL SECURITY NUMBER						
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	5. SEX 8. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR   IF UNDER 24 H		14 1995 09:2 6. BIRTHPLACE (Stat	
117 14 3146	1) M 2 G F			M. (Month, Day, Year)	Country)	te or roreign
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8 h world		Kalter	1	Del	11 STOCK	
	11 4		18. MOTHER	S NAME (First, Middle, Maider	Sumame)	
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SARAL	Filbert	1511 /	THE ST (STOPP) THE MAN POR P	H R ~ O T	vn. State, Zip Code)	Į.
		PLACE AND DATE OF D		OATE 20c. LC	OCATION — City or Town, State	
	cen	metery, crematory or other	flace)	W26 LA	Nosdowne 1	Md
SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	n	22. NAME AND ADDRESS C	F FACILITY	- 11 6	-1
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	d. [ZCIPENNIC	CARDION	IYOPATHY		T	YRG
RT II. Other aignificant condition	na contributing to death b	out not reaulting in th	na underlying cause giva			
					/ COMPLETIO	N OF CAU
					1 - YES	2   NO
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EXAMINER?	HOSPITAL:	01	HER:			
	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		INJURY OCCURED	
the state of the s	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe-	/ — At home, Jarm, stree	t, lactory, office	281. LOCATION (Street	end Number or Rural Route Number	c.
Homicide determined				any arrangement and arrangement arrangemen		
	CIAN: To the bast of my know					
	R: On the basis of examination	n end/or investigation, in	my opinion, desth occured s	The Ilme, data and place, er	nd due to the ceuse(e) end manne	er ee state
2 MEDICAL EXAMINE		1 10	29c. LICENSE		29d. DATE SIGNED (Month, Day.	Year)
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SIGNATURE AND TITLE OF CERTIFIER	Michael	Hr a	ND 196	17	1/14/45	
SIGNATURE AND TITLE OF CERTIFIER  ICHAEL FELKER MY  NAME AND AGORESS OF PERSON WHI	O COMPLETED CAUSE OF OR		n		1 1/11/3	7/25
SIGNATURE AND TITLE OF CERTIFIER	O COMPLETED CAUSE OF OR	25 HOPKINS 1			1 1/11/3	2120
	ESIDENCE OF DECEDENT  D. STATE  D. STATE  D. STREET AND NUMBER  MARITAL STATUS  Never Married  15. DECEDENT'S EDU (Specify only highest grade  Elementary Reconding (0-12)  FATHER'S NAME (First Middle, Last)  FATHER'S NAME (First Middle, Last)  FATHER'S NAME (First Middle, Last)  D. INFORMANT'S NAME (Type/Print)  D. INFORMANT'S NAME (Type/Print)  D. PARTT. Entar the diseases, or abock, or heart failure.  MEDIATE CAUSE (Final sease or condition suiting in death)  AUSE (Disease or Injury at Initiated eventa auiting in death) LAST  DID TOBACCO USE CONT.  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  MANNER OF	DID TOBACCO USE CONTRIBUTE TO CAUSE COMANIER?  In State	STREET AND NUMBER   10b. COUNTY   10c. CITY, TO   10c. CITY,	STREET AND NUMBER  STREET AND NUMBER  STREET AND NUMBER  MARITAL STATUS  Nover Married 2 Morried  St. DECEDENT'S EDUCATION  (Specify only inghest prode completed)  St. DECEDENT'S EDUCATION  (Specify only inghest prode completed)  Elepadary/Recorday (6-12)  College (1-4 or 5+)  STATILE THAT THE diseases, or complications that caused the dasth. Do not anter the moda of dying, abock, or heart failure. List only one cause on asch lins.  MEDIATE CAUSE (Final lesses or conditions suiting in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at infinited events untiling in death)  MEDIATE CAUSE (Final lesses or injury at injury at injury at injury at injury at injury at injury at injury and injury at injury at injury and injury at injury at injury at injury and injury at injury at injury at injury at injury at injury and injury at	STATE TO NUMBER    10B. COUNTY   10C. CITY, TOWN OR LOCATION	STREET AND NUMBER  100. COUNTY  101. STREET AND NUMBER  102. STREET AND NUMBER  103. COUNTY  104. STREET AND NUMBER  105. COUNTY  105. STREET AND NUMBER  106. COUNTY  107. STREET AND NUMBER  107. STREET AND NUMBER  107. STREET AND NUMBER  108. COUNTY  109. COUNTY



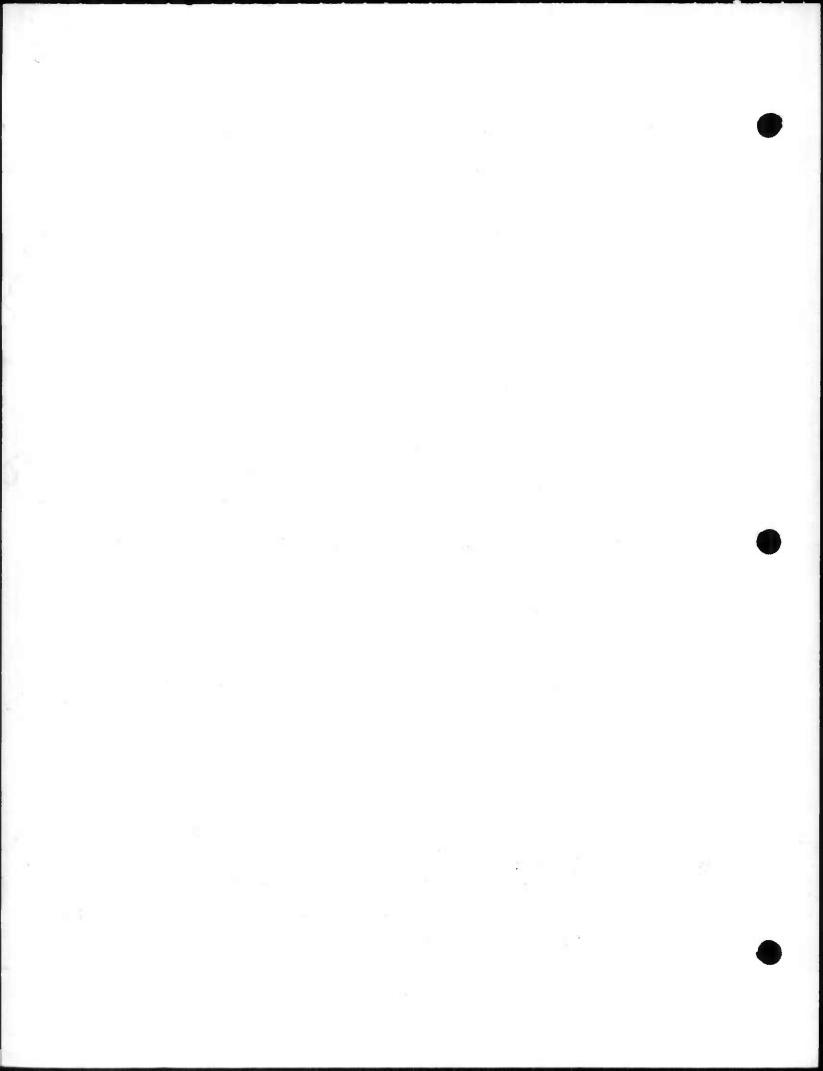
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THE RECORDANCE OF DEATH OF A PROPERTY OF THE P		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPI A	CF (State or Foreign
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Secretary Secretary (2012)   College (14 or 5+)   Owner/Operator   Wholesale Distributor   12   Owner/Operator   Wholesale Distributor   12   Owner/Operator   Wholesale Distributor   12   Owner/Operator   Wholesale Distributor   12   Owner/Operator   Wholesale Distributor   12   Owner/Operator   Wholesale Distributor   13   Owner/Operator   Wholesale Distributor   14   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Wholesale Distributor   15   Owner/Operator   Own	ֱ ו		IF YES, OIVE	-1961		1 🗆 Y	ES 2 NO Spec	tty:			Specify:	White
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WITCON  M. GETCHECTE  196. NATING ADDRESS (Street and Number or Rural Room Number. City or Burn. State. Zet Code)  Mrs. Edith L. Geldmacher  196. NATING ADDRESS (Street and Number or Rural Room Number. City or Burn. State. Zet Code)  Nrs. Edith L. Geldmacher  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING OF DEPOSITION  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING OF DEPOSITION  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Passaden)  198. NATING ADDRESS (Street and Numbers of Towns Street  199. NATING ADDRESS (Street and Number of Towns Street  199. NATING ADDRESS (Street and Number of Towns Street  199. NATING ADDRESS (Street and Number of Numbers of Towns Street  199. NATING ADDRESS (Street and Number of Numbers of Towns Number of Towns Number of Numbers of Numbers of Towns Number of Numbers of Nu	#	(Specify only highes			(Give kind of v	work done during		16b.	KIND OF BUSI	NESS/INDUS	TRY	
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28. BEFORD OF DISPOSITION   1   1   1   1   2   2   2   2   2   2			*		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Numb	er, City or Town,	State, Zip C	ode)	1100
Surial 2   Crowmison 8   Other (Speciety)   Crowmison 1   Report from State	-	Mrs. Edith L.	Geldmacher		8211	Jumpers	Hole Ra	. Mll.	lersvi.	me,	MD. 2	TIOS
Maryland Veterans Cem.   If   Maryland Veterans Cem.   If   Maryland Veterans Cem.   If   Maryland Veterans Cem.   If   Maryland Veterans Cem.   If   Maryland Veterans Cem.   If   Maryland		26s. METNOD OF DISPOSITION	Bemma Imm State	20b. PLAC	EANDDATE	OF DISPOSITION	Name of			ATION - CIT	y or Town,	State
MC CUITY Funeral Home of Pasadena 3204 Mountain Rd. Pasadena, MD. 21122  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval B onset and disease or condition.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONS		4 Donation 6 Other (Specifi	y)	Mary I	and V	eterans	cem. 1	/17/9	5 Cro	wnsvi	lle,	Marylar
23. PART I. Enter the diseases, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or year failure. Left only one ceuses on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, and the substituted events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	į	21. SIGNATURE OF FUNERAL SERV	ICELICENSEE >/			22. NAME	AND ADDRESS OF F	ACILITY		c -	7	
23. PART I. Enter the diseases, or confilteetions that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or yeart failure. Let only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE O	1	►7/1·/	60 11				_					
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Netural   S   Pending   Investigation   S   Could not be   Solicide   Solic	2					OTHER:						
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2 Accident 3 Suicide 4 Homicide 5 Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office 29e. CERTIFIER (Check only)  29e. CERTIFIER 29e. CERTIFI	- 100	~	(Month.			URY	YORK?	Zea. DESC	HIBE NOW IN.	JURY OCCUP	TED	
4   Homicide determined determine	ā	2 Accident Investig	ation	OF BUILDING								
29e. CERTIFIER  (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner se stated.  MEDICAL EXAMPLE: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end manner se at the time, date end place, end due to the cause(s) end end end end end end end end end end	3	_ Could I	Duliding	or injurty — At I i, etc. (Specify)	nome, ferm, s	itreet, lectory, of	1ce	281. LOCA City o	TION (Street en r Town, State)	d Number or	Rural Route	Number,
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF SEATH (ITEM ET) (Type, Print)  29c. LICENSE NUMBER O. C. M. E  JAN. 12, 199	. I											
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF SEATH (ITEM ET) (Type, Print)  29c. LICENSE NUMBER O. C. M. E  JAN. 12, 199	2	29e. CERTIFIER 1 CERTIFYINO	PHYSICIAN: To the best of	of my knowledge, o	death occurre	d at the time, de	te end place, end due	to the caus	e(s) end mann	er ee stated.		
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36. HAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Non. PHIN)		200 BONATURE AND TITLE OF CH	( V / V) /	1	1							1-11-11-11-11-11-11-11-11-11-11-11-11-1
36. NAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF SEATH (ITEM \$7) (Non. PHIC)	N N	MANA	Stall	/ 11	/							
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INVESTIGATE OF CONTRACTOR AND A STATE OF THE PROPERTY OF THE P		JU. HAME AND ADDRESS OF PERSO	DIV WHO COMPLETED CAL	JOE OF SEATH (IT	EM 27) (Type:	Princi						
MAKE - GOLW OK MD/ 111 Penn Street, Baltimore, Maryland 21201			11-100 4	6/1								



JAN 1 8 1995

Penn Street, Baltimore, Maryland 21201



MD

Prince Georges

10g. CITIZEN OF WHAT COUNTRY?

**LISA** 

MD

26

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

MD

21225

interval Between

Onset and Death

Specify: White

1 TYES 2 X NO

052A M

Pages 1, 2, 3 should permit. funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. n and completely filled in by the to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760 the death certificate be executed the attending physician I Mental Hygiene prior to signed by th Health and A апу L. of F OR ATTENDING PHYSICIAN: The law has b 23 certificate h 0 this c marked. After 1 80 DIRECTOR: / 28 Hem THE HOSPITAL O THE FUNERAL D filed within 72 ho 300 TO THE FUNERAL TO THE FUNERAL DE filed within 72

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JANUARY Vernon S. Geoghegan 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Day, Yes IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F DAYS HOURS 212-20-0107 68 YRS ebruary Se. FACILITY NAME (If not institution, give street end number 9b. CITY. TOWN OR LOCATION OF DEATH Laurel Hospital Center DIRECTOR Laurel RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY IOc. CITY, TOWN OR LOCATION MD Prince Georges Laurel FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 14838 Belle Ami Drive 20707 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Self-employed Entrepeneur 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) to Augustus S. Geoghegan Grace Cooke BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Verna Hartlove 4814 Pennington Avenue, Baltimore, Pe 20s. METHOD OF DISPOSITION
1 I/O Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nema of 20c. LOCATION - City or Town, State must cemetery, crametory or other place)
Cedar Hill Cemetery Donation 6 Other (Specify) 1/14 Brooklyn Park, MD examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MCCully Funeral Home of Brooklyn Steven H. Williams 237 F. Patapsco Ave Baltimore medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** the disease or condition Course of lung metautacke event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF)that initiated eventa resulting in death) LAST 5 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL

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int 2 - ER/Outpa

DATE OF INJURY (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED2 OF DEATH? 1 | YES 2 | NO

3 DOA 5 Residence 6 Other (Specify) 4 Nursing 28c. INJURY AT 1 YES NO

YES NO

OTHER:

26. PLACE OF DEATH (Check only one)

26d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e)

29c. LICENSE NUMBER 29d. DATE SIGNE

(Month. 95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1255 WELTZ MARTIN ranua

32. AEGISTAR'S SENATURE

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH

DEPITAL

SIGNATURE AND TITLE OF CERTIFIE

25. WAS CASE REFERRED TO MEDICAL

1 YES 2

27. MANNER OF

4 | Homick

290. CERTIFIER

3 [ Sulcide

31. DATE FILED (Month, Day, Year)
IAN 1 8 1995

PHYSICIAN:

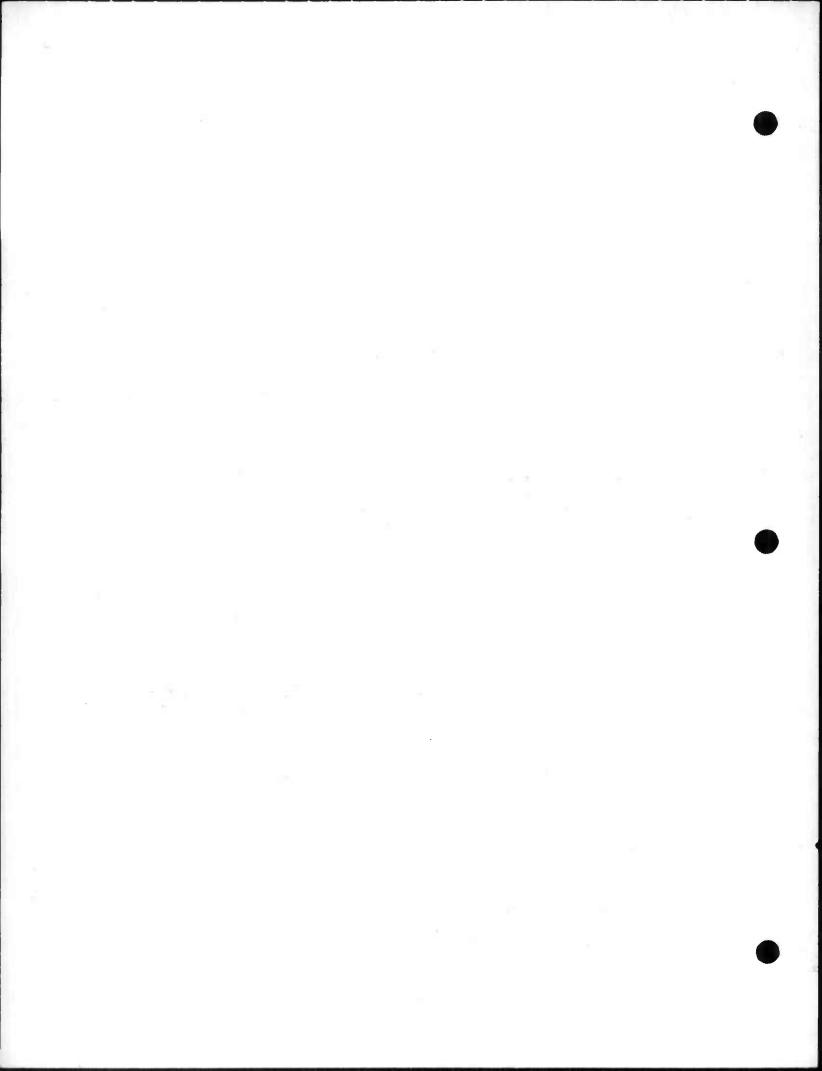
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on stated.



95

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Kor11

1 X YES 2 NO

White

Interval Between Onset and Death

linknown

AWAILABLE PRIOR TO

1 YES 2 NO

-/6

COMPLETION DF CAUSE

1:50 A

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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31. DATE FILED (Month, Day, Year)

8 1995

 $\ddot{1}$ Emma Gunther 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leet birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗆 M 2 215-24-9288 YRS. June 4 908 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Balto.City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Balto.City,Md. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 301 McMechen St. Apt.# 709 21217 United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed MD Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Administration entary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Glerk Social Security ----once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surneme) F Lucy Michael ---Antlitz BE executed with. Fours after death. Page 6 may be retained to n and completely filled in by the funeral director, page 5 should to burial, cremation, or removal. notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5 Mr.William H.Jenkins 355 Dun Robbin Dr.Severna Park, Md. 21146 9 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ☑ Cremetion 3 □ Removal from State
4 □ Donation 5 /□ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Metro Crematory, Inc. 1/17/95 Catonsville, Md. 22. NAME AND ADDRESS OF FACILITY Balto. Md. 21230 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner McCully Funeral Home. 130 E. Fort Ave. medical 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disesse or condition Acute Mycardial Infarction event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cardiogenic Shock traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician 1 Mental Hygiene poor to Congestive Heart Failure cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST 0 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL pt. of Health and N shows any 1 TES 2X NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate to the State HOSPITAL:
1 No Impatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF OFATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED this c marked, 1 Shatural
2 Accident 5 Pending 1 YES 2 NO BY After Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -00 COMPLETED DIRECTOR: / 8 Could not be 28 If Item 29a. CERTIFIER (Check only Check on C TO THE FUNERAL OF THE FUNERAL DIES FIED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner se stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 89231

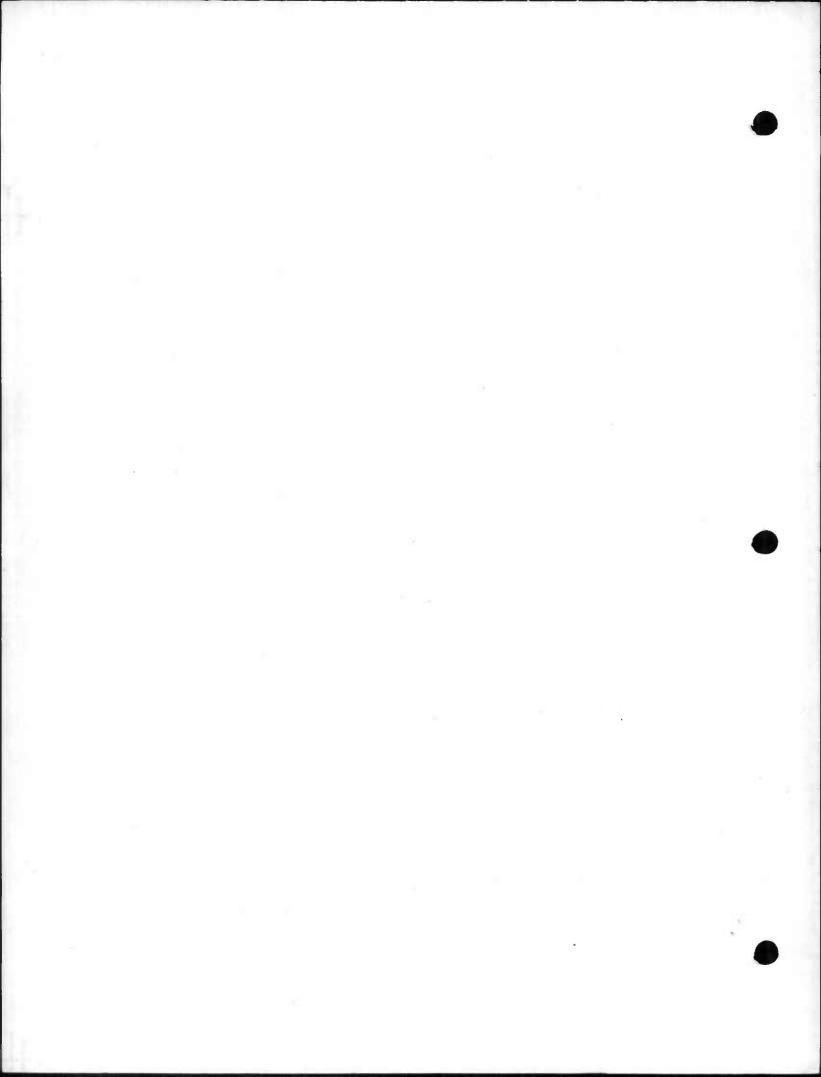
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July a hutter handly

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

c/o Maryland General Hospital

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

Items: 23 part I,27,28a,b,c,d,e.f per MEO G-7302/2/95 reb

FOR

1 - STATE REGISTRAR	SIAIL OF I	WAN I LAINI	CERTIF			DEAT		MENIA		NO.				
1. DECEDENT'S NAME (First, Middle, Last)			_					2. DAT	E OF DEA	TH			3. TIME	OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRT	Н		S. BIRTI	HPLACE (	State or Foreign
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RESIDENCE OF DECEDENT														
	*		10c. CIT	Y, TOWN O										BIDE CITY AITS?
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11. MARITAL STATUS							234					USA		
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3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		_   1	TYES	2 NO	Specify	<i>(</i> :				Spec	"B]	ack
ts. DECEDENT'S EDI	JCATION	16a	DECEDENT'S	USUAL OC	CUPATIO	ON .		18	b. KIND O	F BUSI	INESS/IND	USTRY		
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12		"		Cook				Ŧ	est	au	rant	_		
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, M	laiden S	Sumame)			
Willie Goode							anci	s S	Spra	dl	ey			
19a. INFORMANT'S NAME (Type/Print)			THE WATER	ADDRESS	(Street at	nd Number	or Rural I		-			Code)		
Dolly Crude C	rudup	í	223	Pen	tal	and	Dr.	Ba	alto		Md.	212	234	
20a, METHOD OF DISPOSITION  Burlel 2 Cremation 3 Ren			CE AND DATE O					DA	TE 20	c. LOC	ATION -	City or To	own, Stati	
4 Donation 8 Other (Specify)	noval from State	Ga	Cremetory or of	n Fo	res	t V	A. ]	1-20	) –   E	Bal	to.	Md.		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Figure death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIXON M

DATE FILED (Month, Day, Year)

JAN 18

1995

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DHMH-16 Rev 1/89

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BOX 68760,	icate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
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Different. Annuals cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a state begr. of Health and Mental Hygiene prior to burial, cremation, or removal. on ATTEMBLY PHYSICIAN: The law requires that the death certifi

DIVISION OF VITAL RECORDS, P.O.

TO THE FUNER DE filed within IMPORTANT: II

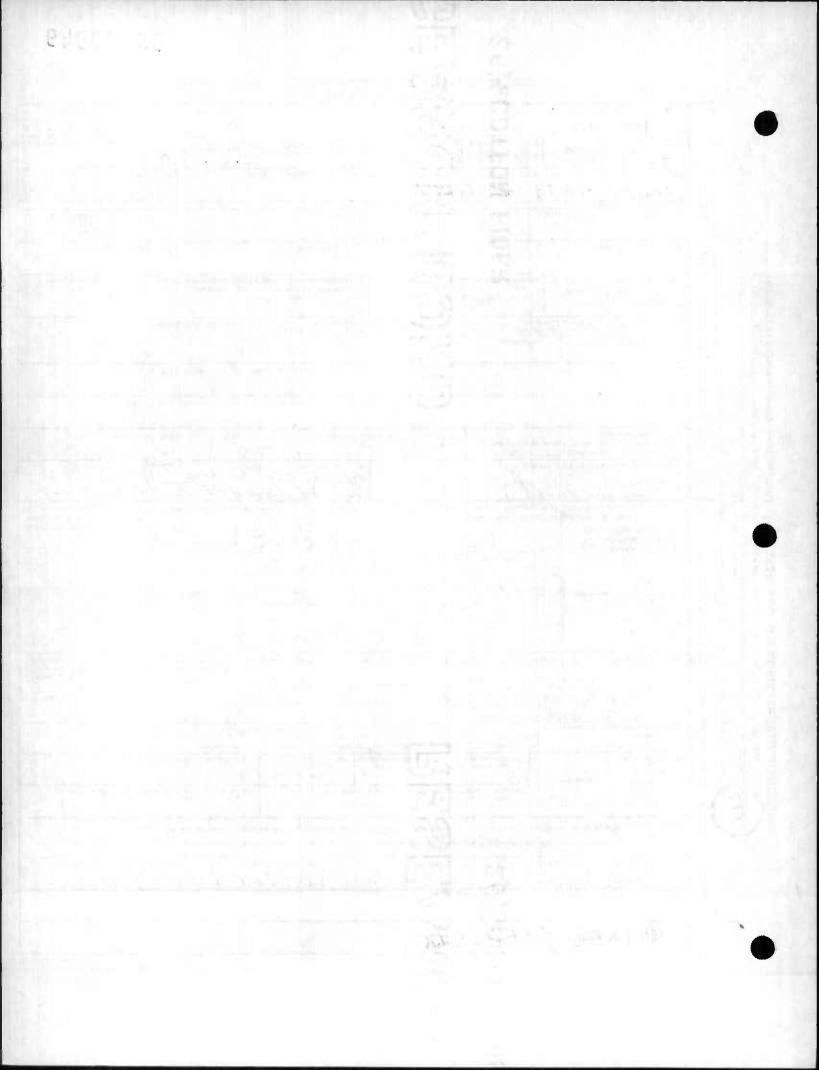
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	FOR	CTATE OF MADVI AN	D / DEDARTME	NT OF UPAITH AND	D SEPARTAL LIVERPHINE	95	00949			
	1 - STATE REGISTRAR	STATE OF MARYLAN		NI UF HEALIH ANI TE OF DEATH	D MENIAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) HELEN	GRIFF	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH					
IRECTOR	579-01-4840	1 M 2 K F 84	YRS. MONTH		5. 23. 19	10 Ros	slvn. VA			
	96. FACILITY NAME (II not institution, give street end number)  1. UNUGATION HEALTH CARE CENTER  PESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF DEATH  97. Washington  Prince George									
	Maryland Pr. (	George		nor Location ashington			10d, INSIDE CITY LIMITS? 1 YES 2X NO			
AL	10e. STREET AND NUMBER	eorge	FL. W	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
ER	12021 Livingston Ro	pad		20744	Real Life	USA				
		S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)  1 ☐ YES 2 ☐ NO Specify:  Specify:							
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 164 Impleted) College (1-4 or 6+)	Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSI	White  bb. KIND OF BUSINESS/INDUSTRY				
MP	12		Homemaker		Home					
	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Meiden Surname)							
BE	Oliver M. Patton  19a. INFORMANT'B NAME (Type/Print)	Blanche Mae (Unknown) RESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)								
5	Kenneth Griffin 9404 Packard Way, Burke, VA 22015									
	20g. METHOD OF DISPOSITION 1 DATE   20b. PLACE AND DATE OF DISPOSITION (Name of cometer), cremetory or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  National Memorial Park  1/12 Falls Church, VA  22. NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02 NAME AND ADDRESS OF FACILITY  NUMBER OF FUNERAL SERVICE LICENSEE  1/02									
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or our shock, or heart failure. List immEDIATE CAUSE (Final disease or condition resulting in death)	arteu	oclero		t Disea	atory arrest,	Approximate Interval Between Onset and Death			
	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significent conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions contributions of the underlying cause given in Part I.   Part II. Other significant conditions cause given in Part I.   Part II. Other significant conditions cause given in Part II.   Part II. Other significant conditions cause given in Part II.   Part II. Other significant cause given in Part II.   Part II. Other significant cause given in Part II. Other significant cause given in Part II.   Part II. Other significant cause given in Part II. Other significant cause given in Part II. Other									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  40. PLACE OF DEATH (Check only one)  OTHER									
	1 VES 2 NO 1  27. MANNER OP DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	WORK?					
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	1 YES 2 NO	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	onel	AN: To the best of my knowledge On the basis of examination en			the time, date and place, and	I due to the ceuse(	is) end manner ea stated.  D (Month, Day, Year)			
2	20 WAME AND ADDRESS OF REDSON WHO	COMPLETED CALLER OF DEATH	ha VII	1 100 1	W/	1/1	147			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print)

JAN 1 8 1995 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



CORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NG PHYSICIAN: The law requires that the death certifical	fter this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other
TO THE HOSPITAL OR ATTENDIA	TO THE FUNERAL DIRECTOR: Af	be filed within 72 hours after de-	IMPORTANT: If Item 28 is r

Pages 1, 2, 3 should

Item# 10.b. G-film 719 per F.H 1/18/95 P.C STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH AN 10 THE YEAR 9:00 pm MARIE Geraldine HANSEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-62-329 1 M 2 X F APRILIA 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Saint Joseph Medical Center DIRECTOR Towson, Maryland RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. DUMBALK DUNDALK 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 USA 101 ace 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, While, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE HOME 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname SHIMMEL HARRY REGINA HOMER MARY Becker BE 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Konald F. 2813 Bauernwood Ave BALTO, Md. 21234 Hansen 20e METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1/13/9 Donation 5 - Other (Specify) MEADOWRIDGE Memoria EIKRIDGE, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL OF MEMORIES Balto. Md. 21234 HARFORD Rd 23. PART I. Enter the diseases, or complication that cause the deeth. Do not enter the mode of dying, such as cerdisc or reapiratory street, shock, or haert failure. List only one cause on mach line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition . SEVERE UPPER GASTROINTESTINAL BLEEDING DUE TO 12 hours resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUODENAL ULCER CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate ceuse. Enter UNDERLYING MALIGNANT MELONOMA WITH METASTASES 2 years CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuae given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26e, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO ΒY Investigation 28e. PLACE OF INJURY — At home, ferm, etreet, fectory, office building, etc. (Specify) Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as elated. 2 MEDICAL EXAMINER: On restigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE m. D. Di de naturd and Lem 0 D19508 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIVIDAD D. DE LEON, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

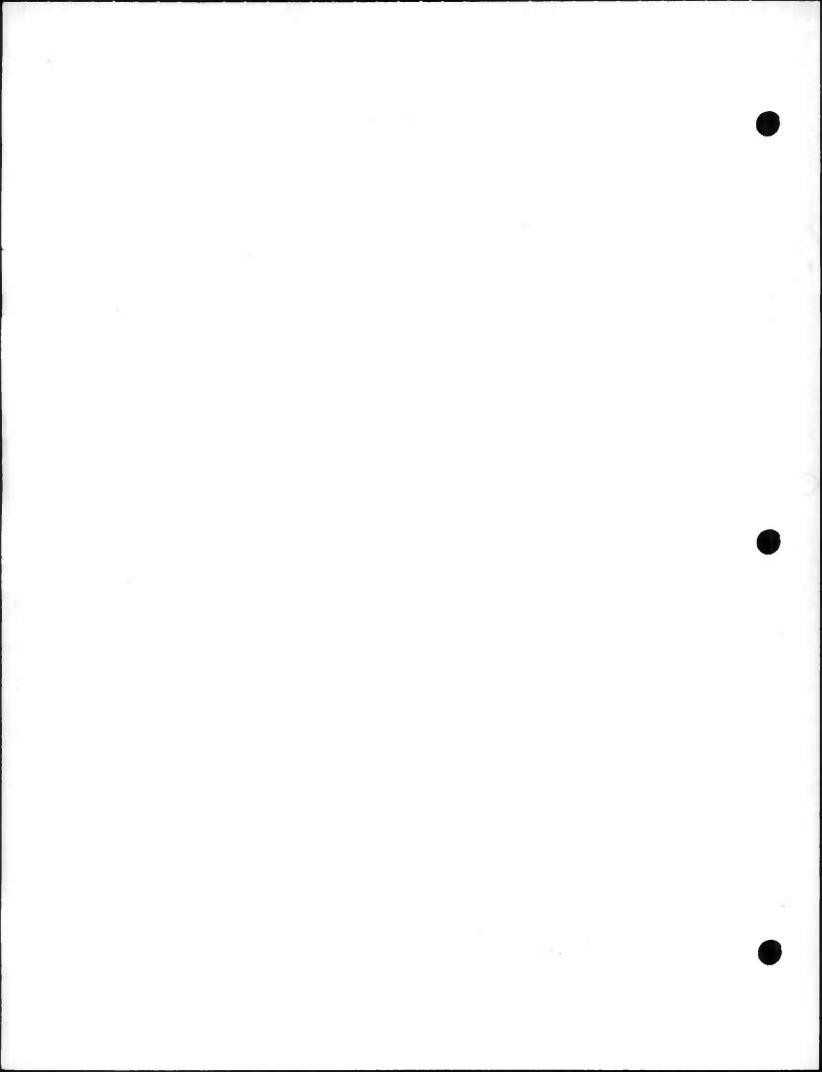
32. REGISTRAR'S SIGNATURE

1995

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARY	C.	HESSL	ER		2. DATE OF DEATH DA Jan. 15,		3. TIME OF DEATH 15:07P M		
	4. SOCIAL SECURITY NUMBER 218-46-5204	5. SEX 8. AGE (	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-29-0	A. BIRT	MPLACE (State or Foreign in)			
TOR	98. FACILITY NAME (If not institution, give a North Arundel H RESIDENCE OF DECEDENT		9		Burnie	EATH	Anne	Arundel		
DIRECTOR	10e, STATE 10b, COUNTY	Saltimore	10c. CITY, 1	TOWN OR LOCAT	Rose	edale		10d. INSIDE CITY LIMITS? 1 YES 25 NO		
FUNERAL	100. STREET AND NUMBER 1019 Chesaco Av	e.		101	ZIP CODE 2123	37	10g. CITIZEN OF Y	WHAT COUNTRY?		
B₹	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 TONO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Spect	NIC ORIGIN? (Specify Yes in, Puarto Rican, stc.) y:	or No— 14. RAC Blac Spec	E — American Indian, k, White, stc.  White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during mo etired.)	N st of working	16b. KIND OF BUS	ACC-1111-02-011-0			
OMP	8 0 Homemaker Own Home  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)									
BE C	Charles Horner				Cathe	rine Fish	er			
2	190. INFORMANT'S NAME (Type/Print) Mary Rzepkowsk	:i	196. MAILING AD 212 D	rim Ave	North:	Pasadena,	MD 211	22		
	20a. METHOD OF DISPOSITION  1) Burial 2 Cremation 3 Ram  4 Donation 6 Other (Specify)	oval from State 20b	PLACE AND DATE OF INTERPRETATION OF OTHER SACRED HE	DISPOSITION (Na r placa)	Jesus I	DATE 20c. LOC	ndalk, M			
	21. SIGNATURE OF FUNERAL SERVICE LIC		)	22. NAME AN	D ADDRESS OF FA	dale Funer				
	23. PART i. Enter the diseases, or o shock, or heart fallure.	complications that codes List only one couse on e	the death. Do not ech line.	enter the mo	de of dying, suc	h aa cardlac or reapir	ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	VENTRIC	CONSEQUENCE OF:	BRILLA	ron			Onset and Death		
NO	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	DUE TO (OR AS A CONSEQUENCE OF):							
CERT	resulting in death) LAST	1								
DICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VINCERTAIN									
CIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
HYSI	1 TYES 2 NO  27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp.  26e, DATE OF INJURY	etlent 3 DOA OTHER: 4 Nursing Home 6 Residence			6 ☐ Other (Specify)  26d. DESCRIBE HOW INJURY OCCURED				
ВУ Р	1 Nistural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 N	RK? ES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide datarminad	28a. PLACE OF INJURY building, etc. (Spec	et, fectory, office		261. LOCATION (Street or City or Town, State)	NTION (Street and Number or Rural Route Number, or Town, State)				
COMPLETED		CIAN: To the best of my knowl R: On the besis of examination						) and manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	L. S. Cu	cernen		29c. LICENSE NUR	18ER 2391.	29d. DATE SIGNED			
2	30. NAME AND ADDRESS OF PERSON WHO LAWRENCE F. Aux	alt. MD. 120	o Sister	(nt) Pierre						
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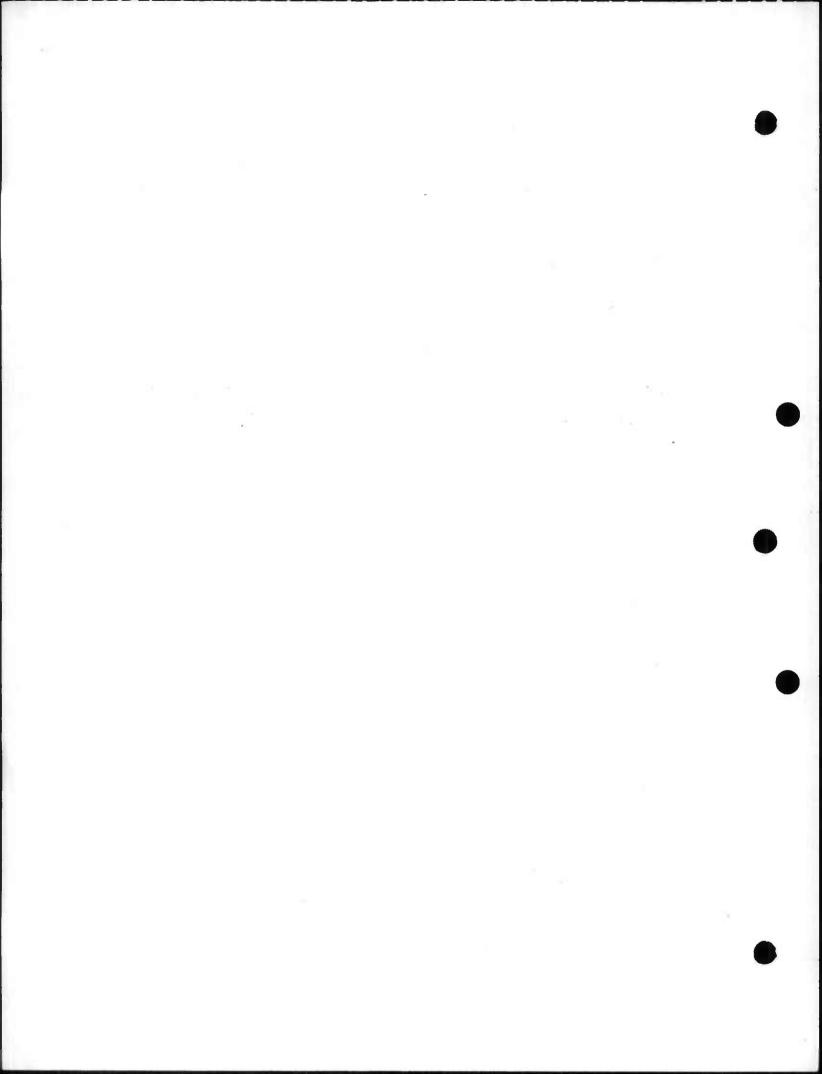
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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HOSE TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	THEREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	🎨 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	TO DE COMPLETED DY FINEDAL DIDECTOR
	EDTIEIDATION

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lust)  VONNE B, HALL  2. DATE OF DEATH MONTH DAY YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  1. TIME OF DEATH MONTH DAY  YEAR  YEAR  1. TIME OF DEATH MONTH DAY  YEAR								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. liest birthday)  F UNDER 1 YEAR  F UNDER 14 HRS.  7. DATE OF BIRTH (Morith, Day, Year)  1								
OR O	POR FACILITY NAME (If not institution, give street and number)  North West Hosp Center  RANDALLSON  BALO								
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  1 P YES 2 NO								
	1 € YES 2 □ NO  100. STREET AND NUMBER  3901 BNN LLEN R4  21215  U. SITT								
BY FUNERAL	11. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMED 1. Never Merried 2  Merried 1. Never Merried 2  Merried 1. Never Merried 3  Midowed 4  Divorced 1. Ves 2  No Director Indian, Black, White, etc.  1. Ves 2  No Specify:  1. WAS DECEDENT EVER IN U.S. ARMED 1. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 1. Ves 2  No Specify:  1. Ves 2  No Specify:  1. Ves 2  No Specify:  1. Ves 2  No Specify:  1. Ves 2  No Specify:  1. Ves 2  No Specify:  1. Ves 2  No Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY								
COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden, Surneme)								
TO BE	19e. INFORMANT'S NAME (Type/Print);  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
ř	WOFTHAM HALL 309  1917 W. LAFAYOTTO By Bolto Md. 212  20s. METHOD OF DISPOSITION  Burfel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of commercing or principles)  20c. METHOD OF DISPOSITION  20c. LOCATION — City or Town, State								
	Surisi 2 Cremetion 3 Removal from State   Cemetery cremetory or other place)   Cemetery Cremetory or other place)   Cemete								
	Foreph & Lock Vr Locks FUNERAL Home Boyn. Centrels								
	23. PARLY Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, abock, or heart feiture. Liet only one cause on each line.  Approximate interval Between Onset and Death disease or condition resulting in death)  a. FAR ADVANCED CA OF THE ESCHERG US  OUE TO (OR AS A CONSEQUENCE OF):								
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
L CE	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS								
EDICAL	ASPIRATION PRECIONAL WITH REDIRATION YES 2 NO OF CAUSE OF DEATH?								
N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 MO  1 Hospital:  2 Hospital:  2 Hospital:  2 Hospital:  2 Hospital:  2 Hospital:  2 Hospital:  2 Hospital:  3 Hospital:  4 Hospital:								
BY PH	27. MANNER OF DEATH  1 Patural 5 Pending 2 Accident Investigation  288. OATE OF INJURY (Month, Day, Year)  A C M 1 YES 2 NO   286. INJURY AT WORK?  A 1 YES 2 NO   286. DESCRIBE HOW INJURY OCCURED								
	2 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
COMPLEIED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.								
2	296. SIGNATURE AND TITLE OF DETTIFIED  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  129 Jan (3 96								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  DELLANDO J. ONSWAD LY  RANDOLLSTOWN N.C. 21133								
	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE  JAN 1 8 1995 July 2 1996								



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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			IENTAL HYGIEN	Ε				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH						3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	M	HIT			JANUARY O	9. 19	95 11:55 AM			
	4. SOCIAL SECURITY NOMBER 5. SEX 6. AGE (In yrs. last birthday) 1  M 2  F							BIRTHPLACE (State or Foreign Country) Virginia			
	9a. FACILITY NAME (If not institution, give str	,			R LOCATION OF DEA	ATH	9c. COUNTY				
DIRECTOR	NORTH ARINDEL HOS RESIDENCE OF DECEDENT  108. STATE  10b. COUNTY	PITAL ASSOC		GLEN E			ANNE	ARUNDEL			
	MARYLAND ANNE A	RUNDEL	PAS	TOWN OR LOCAT ADENA	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	7815 East Road				ZIP CODE 21122		Unite	of what country? ed States			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DEC If yes, spe 1 YES	cify Cuban, Maxican,		or No— 14	RACE — American Indian, Black, White, atc. Specify: White			
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	k done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hair S	wtired.)		Self-emp	loyed/	'Salon			
	17. FATHER'S NAME (First, Middle, Last)			19. MOTHER'S NAM Ruby	E (First, Middle, Maiden	Surname)					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a		oute Number, City or Town	n, State, Zip Co	de)			
10	Mr. Frank G. Hite				d Pasade		21122				
	20q. METHOD OF DISPOSITION  1	val from State	b. PLACE AND DATE OF metery, cremetory or othe Moreland Me	r plecel				or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	oretane in	22. NAME AN	D ADDRESS OF FACI	LITY	_				
	Mc Cully Funeral Home of Pasadena 3204 Mountain Road Pasadena, MD. 21122 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest,  Approximate										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	enter the mod	de of dying, such	as cerdiac or reapi	ratory arrest	Approximate Interval Between Onset and Death			
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO  AMALABLE PRIOR TO										
PHYSICIAN: MEDICAL						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
2	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTHER										
ΤΥS	1 VES 2 NO 2	1 O Ingetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home	5 Realdence 6						
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, larm, stre	nome, larm, street, factory, office 281. LOCATION (Stree City or Town, Staf				t and Number or Rural Route Number, e)			
COMPLETED		IAN: To the best of my know: On the basis of examination						suse(s) and manner as stated,			
ш	296. SIGNATURE AND TITLE OF CERTIFIER		0/		29c. LICENSE NUMB			GNED (Month, Day, Year)			
TO B		1	7	1	DIFI	08	<b>&gt;</b>	110100			
	30. NAME AND ADDRESS OF PERSON WHO					NIDUTE :	7	200			
- 1	CHARLES WU. M.D	- 1600 CRAIN	HIGHWAY,	SW, #30	6, GLEN E	BURNIE, MA	RYLAM	21001			
1	31. DATE FILED (Month, Day, Year)										

IYEMS: 2. & 9a, PER F.H. FILM G-719 1/18/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  Mary Elizabeth Hoppe  2. DATE OF DEATH MONTH JAN DAY YEAR January 15, 1995								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24					7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
1	220-03-4178	10 M 2/F 7	3 YRS.	MONTHS DAYS		05/18/19	21	Maryland	
15	3149 BAYWILL R	a porce a series			or location of t Dundalk	DEATH		y of DEATH	
18	10e. STATE 10b. COUNT	TY	10c, CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY	
DIRE		Baltimore			Dund	alk		1 YES 1 NO	
FUNERAL	100. BTREET AND NUMBER 3149 Baybriar R	oad			10f. ZIP CODE	21222	200	ted States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	It yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Spec	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No- 14	t. RACE — American Indian, Black, Whita, atc. Specify:	
0	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S	USUAL OCCUPAT work done during i	TION	16b. KIND OF	BUSINESS/INDUS	White	
COMPLET	Elementary/Secondary (0-12) 12 Years	College (1-4 or 6+)	Clerk	ise retired.)	nost or working	n.1	7. 6		
2	17. FATHER'S NAME (First, Middle, Lest)	CTELK		40 MOTHERIO M	AME (First, Middle, Mail	al Gove	rnment		
	Harry James Elv			A Company of the Company					
BE	19a. INFORMANT'S NAME (Type/Print)	105 MAII INK	ADDRESS (01		Ann McCau				
유	Michelle Penderg	n a h				Route Number, City or			
	20a. METHOD OF DISPOSITION	ast	314	/ Baybri	lar Road	Dundalk,			
8	Burial 2 Cremation 3 Ran 4 Donation 5 M Other (Specify)	NIUMBHENI G	D.PLACE AND DATE	Faith	Cen. 01/	17/95	LOCATION — CH Baltimo	,	
	21. SIGNATURE OF JUNERAL SERVICE U	Eile	/	Duda		neral Hom		ndalk, Inc.	
$\Box$	23. PART i. Enter the diseases, or	complications that gause	d the death. Do	not enter the m	node of dving, au	e. Dunda	apiratory arrea	t, Approximate	
	shock, or heart fellure.  iMMEDIATE CAUSE (Final	Liet only one ceuse on e	each line.					interval Between	
	disease or condition		7-1-11	Lallac	of fand			i //a	
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE O	PD:	1 421			192	
2								į ´	
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	P):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE O	F):					
	PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED?								
DICAL	VARTE III OTHER EGITATION	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
ă	1 □ YES ♣□ NO COMP								
ME								1 TYES 2 NO	
Z	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				N 🗆			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO	HOSPITAL: 1   Inpatient 2   ER/Out		PLACE OF DEATH (Check only one)  OTHER:  1 3 □ DOA 4 □ Nursing Home 5 → Residence 8 □ Other (Specify)					
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF 28c. INJURY AT 28d. D			DESCRIBE HOW INJURY OCCURED		
ВУ Р	Netural 5 Pending 2 Accident Investigation	114.	INJURY WORK?  M 1 YES 2 NO						
ETED	3 Suicide & Could not be 26s. PLACE OF INJURY — Al home, farm, street, factory, office 28f. LOG						OCATION (Street and Number or Aural Route Number, ty or Yown, State)		
COMPLE		ICIAN: To the best of my know ER: On the bests of examination						ause(s) and manner as stated.	
BE C	296. SIGNATIONE AND TITLE OF CENTIFIE		Mesia		29c. LICENSE NU			IGNED (Month, Day, Year)	
으	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE			12/7/	, ,	1 / 2	18/75	
J	31. DATE FILED (Month, Day, Year)	Late DEGISTRADIO CON		yten (	ave sto	ellem	VA LIT		
	IAN 1 8 1995	32. REGISTRAR'S SIGN	Cardall						
	14 4 - 1999	4						DHMH.16 Rev 1/	

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60	THE PARTIE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	MIN	L OR	ATTEN	DING	F	SICIAN:	1	WE	equires	that	the	death	certif	cate	be e	mecut	45
m	I THE WIND DIRECTOR: After this certificate has been signed by the attending physician and co	ă	DIR	ECTOR	After	this	certifica	ite ha	IS be	en sign	ed by	the	aften	ding	physic	Jan	and c	- 8

		1 - FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND I	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest) Howard ALV		Н	UBER			2. DATE OF DEATH	<b>3,</b> 199	3. TIME OF DEATH 12:15 pm.	м
pino			t <del>X</del> M <sup>2</sup> □ F 63	In yrs. last bir	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) JULY 10, 193	31 E	BIRTHPLACE (State or Foreign Country) ALTIMORE CO., M	
1. 2, 3 should	DIRECTOR	FRANKLIN SQUARE HOSPIT					E COUNTY	EATH		of DEATH	
permit. Pages 1. 2,		MARYLAND BALTIMOR	E		OG. CITY, TOW BALTIMOF	RE COU	VTY			10d. INSIDE CITY LIMITS? 1 TES 2 T NO	
Dunal-transit per	FUNERAL	4026 SCHROEDER AVENUE				2	1. ZIP CODE			USA	
ë	В	1   Never Married 2   Married 3   Widowed 4   Divorced	12. WAS DECEDENT EVER IN FORCES? 1/2 YES IF YES, GIVE WAR OR DA			If yes, sp	CENDENT OF HISPAN Decity Cuban, Mexica B 2 NO Specify	HC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	s or No— t	RACE — American Indian, Black, White, etc.     Specify:     WHITE	
red for use as	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 8+)	(Give k	DENT'S USUAL tind of work do NOT use retired	ne durina mo		16b. KIND OF BU		STRY	
d at once.	TO BE CON	17. FATHER'S NAME (First, Middle, Lest) GEORGE HUBER		-1111				ME (First, Middle, Meiden CLARA KAHL			
be notified		196. INFORMANT'S NAME (Type/Print) CHARLOTTE M. HUBER		19b. M. 4026				Poute Number, City or 15w TIMORE, MARY			
cremation, or removal.		20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	BE		MORALL'S	GARDE	NS JANUARY	16,1995 HARF	ORD COU	y or Town, State NTY, MARYLAND	
		21. SIGNATURE OF FUNERAL SERVICE LICEN			Ė	71750	No Address of FAMER The Belair	Rd.	A.		
		23. PART I. Enter the diseases, or op- ahook, or heert failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sepsis  DUE TO (OR AS A	ech line.		er the mo	ode of dying, auci	h aa cerdiac or reap	Iratory arres	Approximata Interval Betwee Onset and De 48 hour	ath
to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (DR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d									
th and Mental Hygiene prior any Injury, or other trau	ERTIFI										
of Health and Mer	MEDICAL	PART II. Other alignificant conditions contributing to death but not recuiting in the underlying cause given in Part I.  Coronary artery disease, Renal failure, chronic  24b. WAS AN AUTOPSY PRODINGS AMILABLE PRIOR TO COMPLETION OF CAUSE  1 VES 20XNO									
Dept. of Heal		Obstructive pulmonary disease  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO UNCERTAIN									
the State Dept.	PHYSICIAN:		ОТН	TH (Check only one)  OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)							
death with t	ВУ РН	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		b. TIME OF INJURY M	1 .	YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCU	RED	
after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Speci	At home,	farm, street, f	actory, offic	•	281, LOCATION (Street a City or Town, State)	and Number or	Rurel Route Number,	
2	COMPL		N: To the best of my knowled On the basis of examination							euse(s) and menner as stated.	ı.
be fled w	O BE	296. BIGGATURE OF TITLE OF CERTIFIER	w MO				29c. LICENSE NUM RD 1786	BER	- 6	IGNEO (Month, Day, Year) MJ5 1995	,

PLETÉD CAUSE OF DEATH (ITEM 27) (Type, Print)

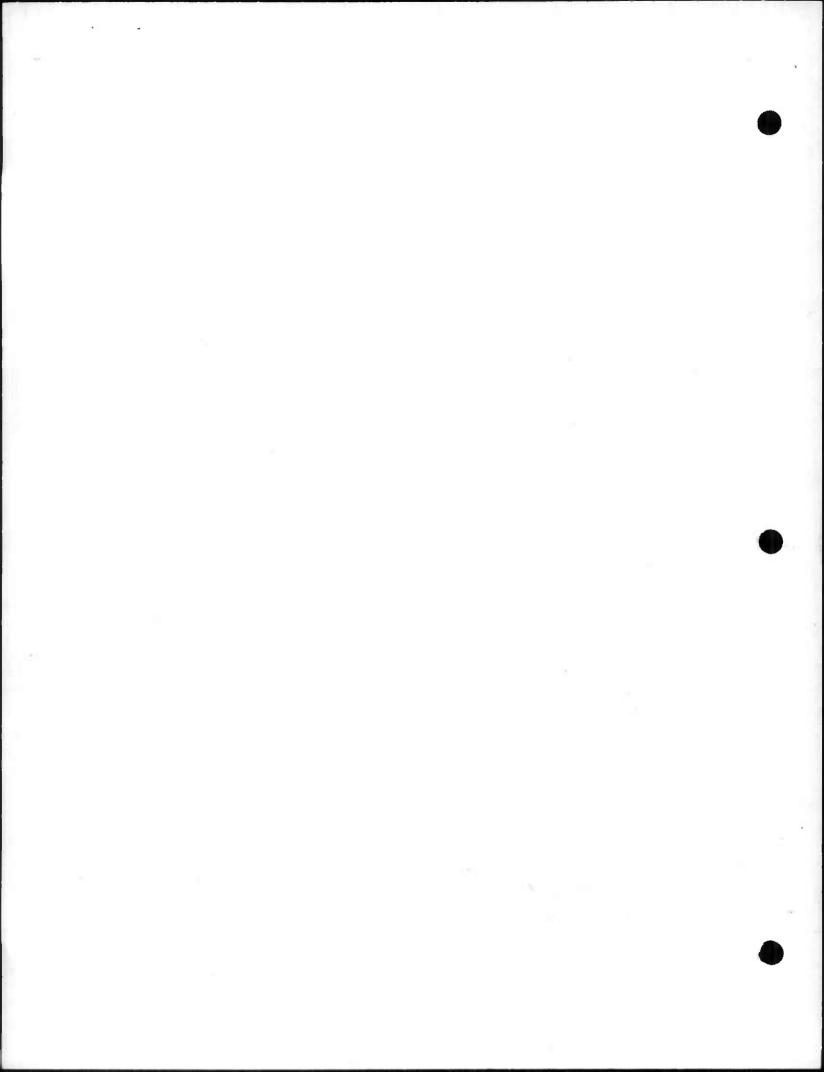
9000 Franklin Square Drive Baltimore, MD 21237

324 BEGISTRAR'S GNATURE

A. Trimpey, M.D.

31. DATE FILED (Month, Day, Year)

JAN 1 8 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	ecuted with	nd complet	ourial, cren	itic event
	ate be exe	hysician an	prior to t	ir trauma
	ath certific	ttending pi	tal Hygiene	, or othe
	that the de	d by the a	and Ment	my injury
	manires	been signe	t of Health	shows a
	N: The tree	Scatte has	State Dept	Bern 23
	PHYSICA	100	David He	afragi, or
	THE PARTY	OR ARE	t	28 fs fn
	TAL OR	RAL DIRE	172 hours	E II Item
	TO THE MOSTITUL OF ATTIGNATION THE WARRINGTON TO THE GREAT CONTINUES BY THE MOSTIVE CONTINUES After death. Page 6 may be retained by the hos	TO THE FLACERAL DIRECTOR After the terrificate has seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	filed with	IMPORTANT. It is marked, or listen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2	2	X

Alan Goldberg.
31. DATE FILED (Month, Day, Year)
JAN 18 1995 &

MD 1500 For 32. REGISTRAR'S SIGNATURE

Forest Glen Rd.

	FOR 1 - STATE	STATE OF M	ARYLAND / I					MENTA		E		
_	REGISTRAR		CE	KIIF	CALE	OF DEAT	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								OF OEATH			3. TIME OF DEATH
	ANNA T.	HARRIS	3					Janu	arv 11	, 19	95	6:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX		41-41-11-1				-		,		
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest	Dirtnday)	MONTHS D	EAR IF UNDER	MIN.		OF BIRTN		8. BIRTN Counti	NPLACE (State or Foreign
	None	1 M 2 F		YRS.	months of	4	50	Tan.		995		vland
	9a. FACILITY NAME (If not institution, give str	eet and number)			9h CITY TO	WN OR LOCATI					NTY OF D	
or i								-2114		96. 000	NII OF U	EAIN
0	Holy Cross Hospit	tal			Silv	er Spr	ing			Mo	ntgo	mery
DIRECTOR	RESIDENCE OF DECEDENT				_							
쁜	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
5	Maryland Mor	ntgomery		S	ilver	Spring						1-X YES 2 NO
	10e. STREET AND NUMBER					101, ZIP COD						
Z.						00. 301.930						WHAT COUNTRY?
FUNERAL	1935 Rosemary Hi:	lls Drive	2			2091	0			U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED	13. WAS	DECENDENT C	F HISPAN	IIC ORIGIN	17 (Specify Yea	or No-	14. RACE	E — American Indian.
	<b>®</b> Never Married 2 ☐ Married	FORCES? 1	YES 2 NO	)	If ye	s, specify Cuba	n, Maxicar	n, Puerto I				k, White, etc.
ВУ	3 Widowed 4 Divorced	W TES, GIVE W	AR OR DATES		' '	YES 2 X NO	Specify	r:			Speci	Black
	15. DECEDENT'S EDUC	17/01/	100.000			-5				- 1		Diuck
田	(Specify only highest grade of		(Give	e kind of w	OSUAL OCCU	PATION og most of workin	10	16b.	KIND OF BUS	INESS/INC	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	) life, (	Do NOT us	e retired.)							
<u>d</u>	0			No	ne				None			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			110.		16 MOTE	MED'S MAI	ME (El-)	Middle, Malden			
ပ	None											
BE		_				Wi	Thel	mina	G. Ha	rris		
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (SI	reet and Number	or Rural R	Route Numb	ber, City or Town	, State, Zip	Code)	
F	Wilhelmina G. Harri	is	119	35 R	osemai	y Hill	s Dr	ive				
	20s. METNOD OF DISPOSITION	The second	20b. PLACE AN					DAT	200 100	CATION —	City or To	Conta
-	1 Burial 2 Cremation 3 Ramon	val from Stata	cemetery crem	etory or of	her niecel		1 /1	1				
	4 Donation 5 Other (Specify)		Chesa	pe ak		natory			Bel	tsvi	lle,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22. NAM	AE AND ADDRES	SS OF FAC	CILITY	TAT THE	A CESTA	T 110	ME TMO
	Demodel C	V Hart	~		12TF1	N HEBK	EW M	LMUK	LAL FU	NEKA	T HO	ME, INC.
				~								
	- Oracle C.	1	temye	2	232	CARROL	L ST	. NW	. WASH	INGT	ON.	DC 20012
	23. PART I. Enter the disassas, or co	emplications that	caused the dear	th. Do n	232	CARROL	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate
	ahock, or heart failure. L	emplications that	caused the dear	th. Do n	232	CARROL	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between
	ahock, or heart failure. L IMMEDIATE CAUSE (Final disesse or condition	emplications that	caused the dear	th. Do n	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
	ahock, or heart failure. L IMMEDIATE CAUSE (Final	omplicationa that list only one caus	caused ha daa se on each iina.	4 1	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
	ahock, or heart failure. L IMMEDIATE CAUSE (Final disesse or condition	omplicationa that list only one caus	caused the dear	4 1	232	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
Z	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition raaulting in death)	omplicationa that list only one caus	caused ha daa se on each iina.	4 1	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between
LION	ahock, or heart failure. L IMMEDIATE CAUSE (Final disesse or condition	omplications that list only one cause	caused ha daa se on each iina.	y forest	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
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FICATION	ahock, or heart failure. L IMMEDIATE CAUSE (Final disesse or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury	propilestions that ist only one cause to a pure to a pure to a	caused tha daa se on each lina. pundor on as a comsequence	y f orew sence or	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
TIFICATION	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedists cause. Enter UNDERLYING	propilestions that ist only one cause to a pure to a pure to a	caused the dae on each line.  purator on as a consequence on as a consequence on as a consequence on as a consequence on as a consequence of the c	y f orew sence or	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
ERTIFICATION	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disesse or condition rauditing in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	propilestions that ist only one cause to a pure to a pure to a	caused the dae on each line.  purator on as a consequence on as a consequence on as a consequence on as a consequence on as a consequence of the c	y f orew sence or	232 ot antar the	CARROL mode of dyl	L ST	. NW	. WASH	INGT	ON.	DC 20012 Approximate Interval Between Onset and Death
- CERTIFICATION	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	Caused the das se on each line.  PU A OT ON AS A CONSEQUENT AS	JUNCE OF SENCE OF	232 ot antar the	CARROL  mode of dyl	L ST	. NW	WASH	INGT	ON ,	Approximate Interval Between Onset and Death Hus 50 min
_	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions	DUE TO (	Caused tha das se on each lina.  PULLOR OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE death but not re-	PENCE OF	2 32 ot antar the	CARROL  mode of dyl	L ST	. NW	WASH	INGT	ON ,	Approximate Interval Between Onset and Death  HMS 50 mm  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
_	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	Caused tha das se on each lina.  PULLOR OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE death but not re-	PENCE OF	2 32 ot antar the	CARROL  mode of dyl	L ST	. NW	WASHilac or reaple	AUTOPSY MED?	ON ,	Approximate Interval Between Onset and Death HMS 50 mm
_	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition rasulting in desth)  Sequentially list conditions, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions	DUE TO (	Caused tha das se on each lina.  PULLOR OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE death but not re-	PENCE OF	2 32 ot antar the	CARROL  mode of dyl	L ST	. NW	WASH iliac or reaple  24a. WAS AN. PERFOR	AUTOPSY MED?	ON ,	Approximate Interval Between Onset and Death HMS 50 mm.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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_	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition raulting in desth)  Sequentially list conditiona, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditiona Malanal et.	DUE TO (	Caused the data see on each line.  PLATOR AS A CONSEQUENT OF AS A CONSEQUENCE OF DEAT	DENCE OF SENCE OF SENCE OF CO. CC.	232 ot antar the	CARROL a mode of dyl  fy  fy  UNC	L ST	NW has card	WASH iliac or reaple  24a. WAS AN. PERFOR	AUTOPSY MED?	ON ,	Approximate Interval Between Onset and Death HMS 50 mm.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition raulting in desth)  Sequentially list conditiona, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditiona  Malcunal et  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only)  1 CERTIFVING PHYSIC	contributing to contributing t	Caused ha daa se on each lina.  PLACE OR AS A CONSECUTION OR AS A	BENCE OF BEN	2 32 ot antar the	CARROL a mode of dyl  dyl  dyl  dyl  dyl  dyl  dyl  dyl	IL ST ing, such	Part I.  Other 28d. LOC. City of	24a. WAS AN. PERFOR 1 YES 2  T (Specify) CRIBE HOW IN  ATION (Street a per Fown, State)	AUTOPSY MED?  IJURY Oct and Number	ON , eat,  24b.  Cureo or Rural F	Approximate Interval Between Onset and Death  HMS 50 mm  HMS 50 mm  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition raulting in desth)  Sequentially list conditiona, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditiona  Malcunal et  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only)  1 CERTIFVING PHYSIC	contributing to contributing t	Caused ha daa se on each lina.  PLACE OR AS A CONSECUTION OR AS A	BENCE OF BEN	2 32 ot antar the	CARROL a mode of dyl  dyl  dyl  dyl  dyl  dyl  dyl  dyl	IL ST ing, such	Part I.  Other 28d. LOC. City of	24a. WAS AN. PERFOR 1 YES 2  T (Specify) CRIBE HOW IN  ATION (Street a per Fown, State)	AUTOPSY MED?  IJURY Oct and Number	ON , eat,  24b.  Cureo or Rural F	Approximate Interval Between Onset and Death  HMS 50 mm  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition raulting in desth)  Sequentially list conditiona, if any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditiona  Malcunal et  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only)  1 CERTIFVING PHYSIC	contributing to contributing t	Caused ha daa se on each lina.  PLACE OR AS A CONSECUTION OR AS A	BENCE OF BEN	2 32 ot antar the	CARROL a mode of dyl  fying cause of  tyling cause of  ty	IL ST ing, such	Part I.  6 Others 28d. Des 26t. Local City of the cause time, data	24a. WAS AN. PERFOR 1 YES 2  T (Specify) CRIBE HOW IN  ATION (Street a per Fown, State)	AUTOPSY MEO?  IJURY Oct  Ind Number	ON , reat,	Approximate Interval Between Onset and Death  HMS 50 mm  HMS 50 mm  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition raulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  Malcunal et.  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	contributing to contributing t	Caused ha daa se on each lina.  PLACE OR AS A CONSECUTION OR AS A	BENCE OF BEN	2 32 ot antar the	CARROL a mode of dyl  flying cause g  flying cause g  Linjury AT WORK? YES 2  office  dete and place, on, death occur	ERTAIN  and due to and due to and due to and due to and the to and and the total and t	Part I.  6 Others 28d. Des 26t. Local City of the cause time, data	24a. WAS AN. PERFOR  1 YES 2  F (Specify) CRIBE HOW IN  ATION (Street a pr Town, State)	AUTOPSY MEO?  IJURY Oct  Ind Number	ON , reat,	Approximate Interval Between Onset and Death Hus 50 mm.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

Silver Spring, MD 20910

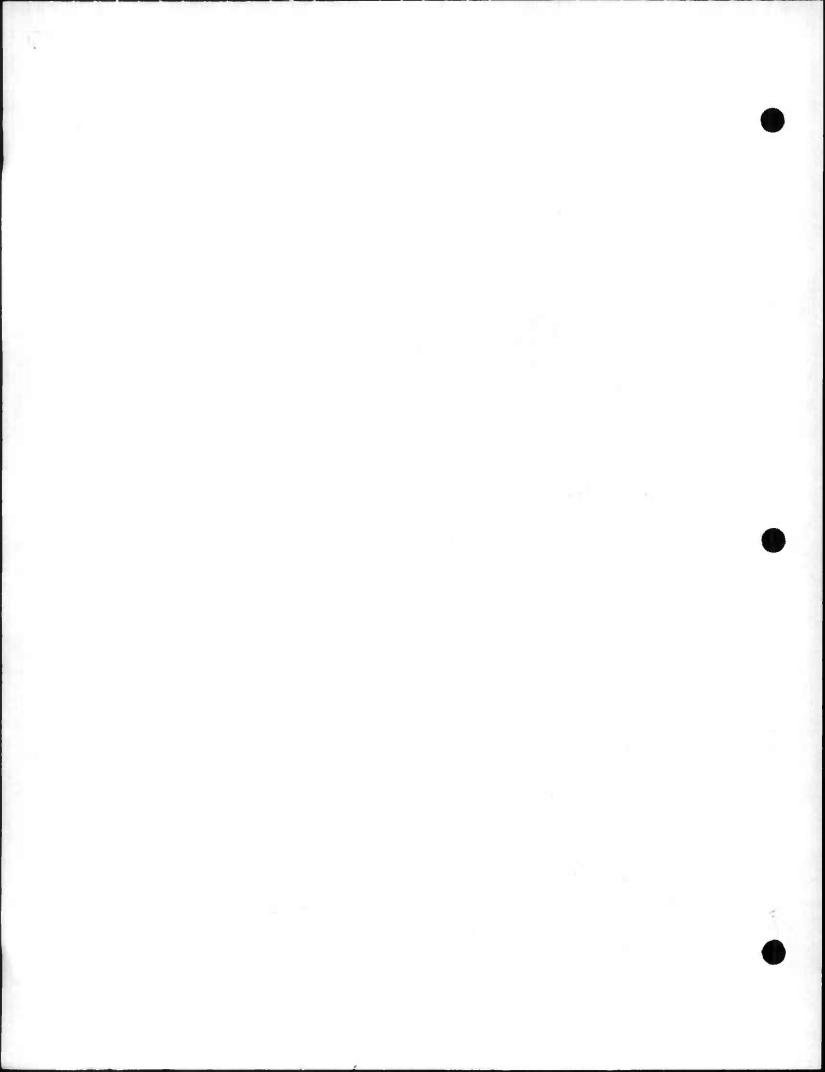
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a, 10a.  10a.  11. h 1
ed within 24 hours aft completely filled in by al, cremation, or remo	event, the medica		23. IMA dise
W: The law requires that the death certificate be executed within 24 hours after of ficate has been signed by the attending physician and completely filled in by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic	ERTIFICATION	Sec if a cau CAL their rese
requires that the deal been signed by the att of Health and Menta	shows any injury,	: MEDICAL CI	PAF D 25. W
NING PHYSICIAN: The law After this certificate has t leath with the State Dept	marked, or item 23	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. W
TO THE HOSPITAL OR ATTENDING PHYSICIAI TO THE FUNERAL DIRECTOR: After this certific filed within 72 hours after death with the	PORTANT: It item 28 is marked, or	COMPLETED	3 4 29a.
TO THE H De filed w	IMPORT	TO BE	30. N

STATE (	OF	MARYLAND	/ DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYG	IENE
		C	FRTIFICATI	FO	E DEA	ГН		DEC	NO

REGISTRAR	STAIL UF MA					ALTH AND DEATH	MENTA	L HYGIEI	-		
1. DECEDENT'S NAME (First, Middle, Las	t)						2. DATE	OF DEATH			3. TIME OF DEATH
Agnes Josep	hine Horn	er					Janu	ary l	3.199	YEAR 5	10:50 P
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
216-07-7664	1 M 2 X F	77	YRS.	MONTHS	DAYS	HOURS MIN.		Ly 4,1	917		ryland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,		LOCATION OF D	DEATH		9c. COUN		EATH
Good Samaritan N	lursing Cen	ter			Bal	timore	City			N/A	
10a. STATE 10b. COUN	TY		10c. CITY	, TOWN OF	R LOCATIO	ON .					10d. INSIDE CITY
Maryland N	I/A			1time							LIMITS?
10e. STREET AND NUMBER	7					ZIP CODE	_		10g, CITI	ZEN OF V	YHAT COUNTRY?
6406 Alta Aver	iue					21206				S.A.	
11. MARITAL STATUS	12. WAS DECEDENT I					NDENT OF HISPA			e or No-		E — American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [		10			Ify Cuben, Mexic NO Speci		Ricen, atc.)		Spec	k, White, atc.
	1										White
15. DECEDENT'S ED (Specify only highest grad		(G/	CEDENT'S I	ork done du	CUPATION uring most	of working	16b	KIND OF BU	ISINESS/IND	USTRY	
Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		Do NOT use	,	nerti	isor		ospit	al		
17. FATHER'S NAME (First, Middle, Last)		1500.	LCTOO	ni bu	-						
	vloskowski					18. MOTHER'S N. Mary		Middle, Maide CNOWN	Surname)		
19a. INFORMANT'S NAME (Type/Print)	VIOSKOWSKI										
David B. Horner	•	198	6406	Alta	(Street and	Number or Rural nue, Bal	Route Numi	re.Mai	vn, State, Zip	Code) 2 1 1	206
20a. METHOD OF DISPOSITION											
1 Burial 2 Cremation 3 Re		20b. PLACE A cemetary, crei	matory or oth	her place)		e of	DAT		DCATION —		
4 ☐ Donation 5 ☒ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (		Parkw	ood (			ADDRESS OF FA	1-1	_			aryland
. 1/	1 1	1									ir Road
23. PART I. Enter the diseesea, or	> M. Mu	yoly/	,			. Mille					,Md21206
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (O	R AS A CONSECUTION OF AS A			- 1	onen	mel				
resulting in deeth) LAST	d	<u> </u>									
PART ii. Other aignificant condition	ons contributing to de	eth but not re	eaulting ir	the und	leriving :	Ceuse diven in	Part i	24a, WAS AI	AUTOREY	245	WERE AUTOPSY FINDING
dementia.	malnut	cition			,	Jeddo given in		PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1 TYES	NO NO		OF DEATH?
DID TOBACCO USE CON	TRIBLITE TO CALL	SE OF DEAT	TLI VE		ΙΩП	LINICEDTAL					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAO.		E OF DEATH			UNCERIAL	ИП				
EXAMINER?	HOSPITAL:			OTHER:	:						
27. MANNER OF DEATH	26e. DATE OF IN		26b. TIME		ng Home 28c, INJUF	5 Residence	1	(Specify)	INJURY OCC	URED	
1 Netural 5 Pending	(Month, Day,	Ybar)	INJU	M M	WOR	(7 S 2  NO				OTTED	
2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF II	NJURY — At hor	me, farm, at	reet, factor			28f. LOC	ATION (Street	and Number	or Rural R	oute Number
4 Homicide determined	building, etc	. (Specify)						or Town, State			
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge de-	th comme	4 at 16 = 4/1	a dete	d alone d .	. 4. 41	and the second	SET DO RO		
ACA - C - A C C CONTINUE CONTI											and manner as stated
				y opi				On prece, a			
One) 2 MEDICAL EXAMIN					1 2	9c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
						2000	0-7			10	
one) 2 MEDICAL EXAMIN	ER	OF DEATH ATT	4 273 /5	Dulant		D2898	87			16.	-95
One) 2 MEDICAL EXAMIN	ER  HO COMPLETED CAUSE	OF DEATH (ITEN	27) (Type, I	Print) RA		D2898 BLUD	21	239		16.	
30. NAME AND ADDISH OF PERSON W	ER  HO COMPLETED CAUSE	5601 1	1 27) (Type, 1	Print) RA		D2898 BLUD	21	239		16	



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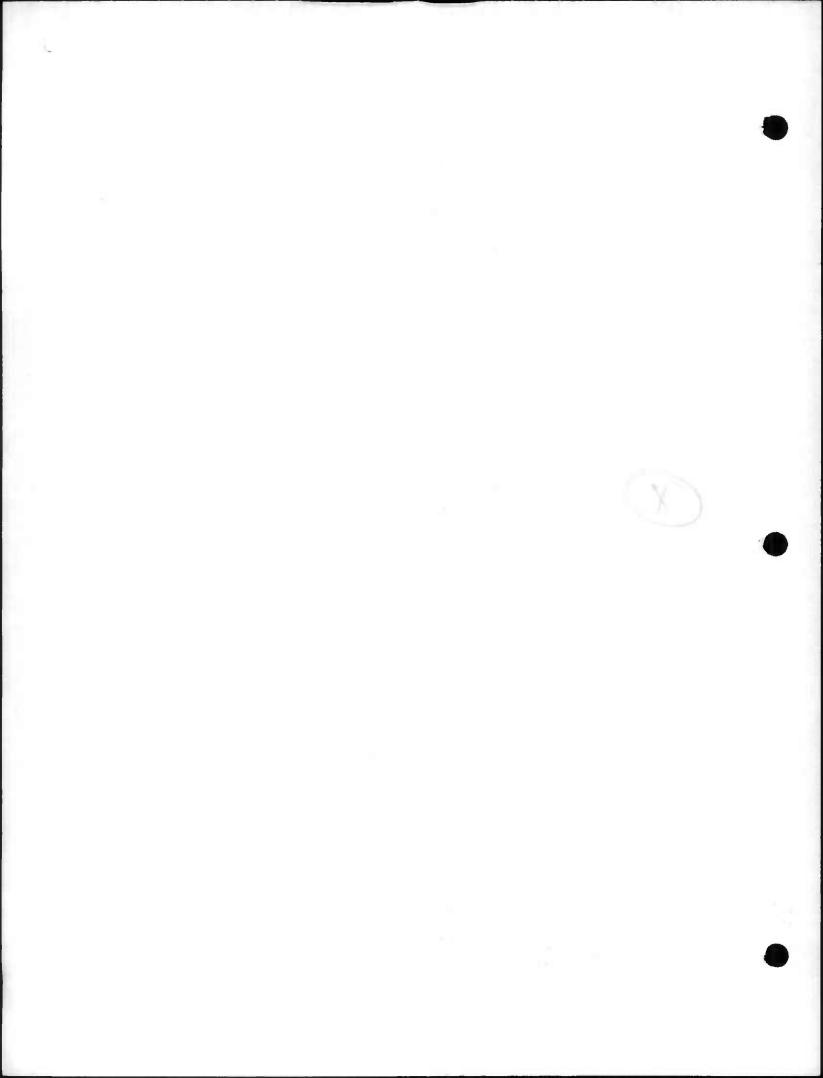
		1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICAT	IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) Stephen Felix Janick	(	2. DATE OF DEATH MONTH	YEAR 1/25 A-M
P		336-09-3225 1 × 1 2 □ F 78 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) UAN 19, 1916	B. BIRTHPLACE (State or Foreign Country)  ILL'INOIS
	JOH HOH	96. FACILITY NAME (If not institution, give street end number)  OHURCH HOSPITAL  RESIDENCE OF DECEDENT	Batto. C	PC. COUR	NTY OF DEATN
(MH	DIME	10a. STATE 10b. COUNTY 10c. CITY, TOWN	OR LOCATION  VILLE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit perm	FUNERAL	8717 EDGEFIELD Rd.	101. ZIP CODE 2\234		ZEN OF WHAT COUNTRY?
215-0020 attending physician. use as the burial-transit	B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: WHITE
21 for u	LETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working )	166. KIND OF BUSINESS/IND	USTRY
MARYLAND 2 retained by the hospital 5 should be detached in notified at once.	E COMPL	12 PRINTER  17. FATHER'S NAME (First, Middle, Lost)  Valentine ANICKI		ME (First, Middle, Malden Surname)	
MAR retained 5 should notified	TO BI			Route Number, City or Town, Stelle, Zip	
S ag to			NT Cemetery	1945 Balto.	City or Town, State City, Md.
death.		Rantal Graves.	8800 Harfo	of Memories and Rd. Balto.	Md. 21234
his hours hation, or res		23. PART I. Enter the disease, or complications that caused the deeth. Do not enter shock, or heart feliure. List only one cause on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	r the mode of dying, aucl	h as cerdiec or respiretory arr	est, Approximate interval Between Onset and Death
	NO	DUE TO (OR AS A CONSEQUENCE OP):  Phen mo ma			
certificate be executional physician and o hygiene prior to burian other traumatic	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			
S, P death e atten ental H	8	PART II. Other algorificent conditions contributing to deeth but not resulting in the u	inderlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
M requires that the been signed by the pt. of Health and M 3 shows any Inji	MEDICAL	- Alzheimert - Parkinson's Disease		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL he law has b Oept.	SICIAN: P	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	26. PLACE OF DEATH (Che		
F VITA SICIAN: The certificate h the State , or Item	YSIC		ursing Nome 5 - Residence	6 Other (Specify)	
O HE REPER	ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Pending Investigation	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCC	200
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED.	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, ta building, etc. (Specify)		281. LOCATION (Street and Number City or Yown, State)	
7 7 7 -	COMPLET	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my			
TO THE HOSPITA TO THE FUNERA De filed within 72 IMPORTANT: 1	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	29c. LICENSE NUN	ABER 29d. DATI	E SIGNED (Month, Day, Year)
7		SALVACION A. DUPAYA N. 31. DATE FILED (MONTH). DEV. MER! 12. REGISTRAR'S SIGNATURE	. D.		,
	3	JAN 18 1995 Jahr Studen Rarlett			

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<b>DIVISION OF VITAL RECORDS, 1</b>	The second of the second of the second
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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 150N Jan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE 4Str 36 -323310H2X 3 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME /// not institute 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION INSIDE CITY YES 2 NO 10. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP CODE 2/2/ race within 24 nours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — Ame Black, White, TIMORE, MARYLAND 21215-0020 1 Never Merried 2 Marri BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced pul COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (0-12) College (1-4 or 5 +) d be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BE MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 4216 2 Town, State, Zip Code) 2 METHOD OF DISPOSITION 20a METHOD OF DISPOSITION

1 N Burlal 2 Cremation 3 Ran ACE AND DATE OF DISPOSITION (Name o 20c\_LOCATION must DATE and completely filled in by the funeral director, en ☐ Donation 5 ☐ Other (Specify) 149 examiner FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 21215 medical 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such Approximate shock, or heart failure. List only one cause on each line. intarval Between ŏ IMMEDIATE CAUSE (Final Onset and Death cremation, traumatic event, the disesse or condition Drain cancer 400 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed Hygiene prior to burial, CERTIFICATION Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING After this certificate has been signed by the attending physician death with the State Dept. of Health and Mental Hygiene prior to other t CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any Stroke 1 YES 2-NO OF DEATH? 1 YES 2 NO OH ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER: 1 TES 2 TONO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Rasidenca 6 🗆 Othar (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 Ω 8 Could not be THE FUNERAL DIRECTOR: That within 72 hours after 4 Homicide 28 determined 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPY
TO THE FUNER
De filed within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 1/17/95 037573 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PER Park Jef 2ibel Battumore MD 7220 Heights 80515 MD 31. DATE FILED (Month, Day, Year) SALES THE THREATHE 1995 8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

20s. METHOO OF DISPOSITION 1   Burial 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)   Entermient   20s. METHOO OF DISPOSITION 1   Burial 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)   Entermient   20s. METHOO OF DISPOSITION 1   Burial 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)   Entermient   20s. METHOO OF DISPOSITION 1   Burial 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)   Entermient   20s. METHOO OF DISPOSITION (Name of competer)   Converted of the place) Oak Lawn Mausoleum 01/18/95   Baltimore, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222  23. PART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, intervious intervious place of the place of	
4. SOCIAL SECURITY NUMBER 217-24-5958 1	XEATH M
TRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  100. STREET AND MUMBER  940 Oakleigh Beach Road  110. November 100. STREET AND MUMBER  940 Oakleigh Beach Road  110. November 110. November 110. STATUS  110. November 110. N	
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20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   Manual Commettery, cremetory or other place)   Oak Lawn Mausoleum 01/18/95   Baltimore, MD   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME ANO ADDRESS OF FACILITY   Duda—Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222   Dundalk, MD 21	indian,
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   Manual Commettery, cremetory or other place)   Oak Lawn Mausoleum 01/18/95   Baltimore, MD   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME ANO ADDRESS OF FACILITY   Duda—Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222   Dundalk, MD 21	-
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   Manual Commettery, cremetory or other place)   Oak Lawn Mausoleum 01/18/95   Baltimore, MD   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME ANO ADDRESS OF FACILITY   Duda—Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222   Dundalk, MD 21	Schoo.
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   State   20b. METHOD OF DISPOSITION   Manual Commettery, cremetory or other place)   Oak Lawn Mausoleum 01/18/95   Baltimore, MD   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME ANO ADDRESS OF FACILITY   Duda—Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222   Dundalk, MD 21	
23. PART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):	_
23. PART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
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M Me said of the s	OF CAUSE
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1	
EXAMINER?  1 VES 2 NO  HOSPITAL: 1 Inpetiant 2 Conscient 3 DOA 4 Nursing Home 5 Pasidence 8 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending  EXAMINER?  1 VES 2 NO  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORKT.  WORLD A VESS 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	
一 左右 5 世 1 1世 Netural 5 Pending	
4 Homicide determined determined City or Town, State)	
(Check only one)	ns stated.
290. SIGNATURE AND TITLE OF CERTIFIER	NEC')
PRS DO DISTRICTION OF DISTRICTION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CEONLE N. KARIAN AD AA, 1107 North Powds Block and D. S. DATE FILED (MORE) DISTRICTION OF DISTRICT	1253

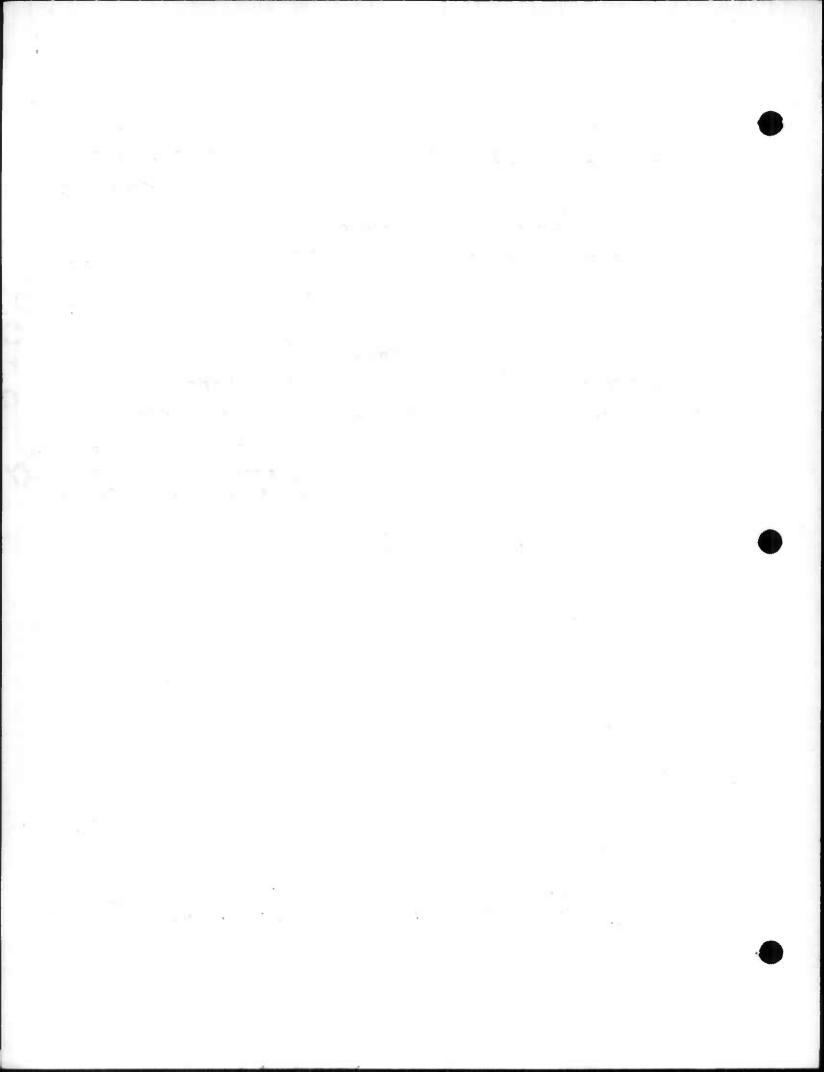
PRIM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

The content of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be successed, by the attending physician prior to burial, cremation, or removal.

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH 3. TIME OF DE			
	Annette		John	ıs.					14 1995 0725				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		#F UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	220- 76- 3709	34	YAS.						p. Day. Year)	1960	Man	yland	
00	9e. FACILITY NAME (If not institution, give street and number)					, TOWN	OR LOCATI	ON OF DE	EATH			INTY OF D	
0	2314 "C" Winchester Street					Bal	time	are			Ba.	ltimo	ore City
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10					OR LOCA	TION						10d, INSIDE CITY
L DIRECTOR		ltimore Ci	Lty	Ba	altin						LIMITS? 1 X YES 2 NO		
R	100. STREET AND NUMBER 2502 Winchester Street Apt. C						21216				-	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	-	•										States
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			- 1	If yes, sp	CENDENT Concepts Control Contr	of HISPAN In, Mexica Specify	n, Puerto	f? (Specify Ye: Rican, atc.)	s or No	14. RACI Blac Spec	E American Indian, k, White, atc. #y: Black
COMPLETED	15. DECEDENT'S E (Specify only highest gr		16a, D	ECEDENT'S	USUAL O	CCUPATI	ON	S.1	16b	. KIND OF BU	SINESS/IN	DUSTRY	D20022
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 8	+)	Give kind of the Do NOT us	se retired.)	during mo	ost of workii	ng					
d	11		Ur	nemplo	oye d								
ᅙᅵ	17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden	Sumame)		
BE	Daniel Johns						I	Hanna	ah Cl	navis			
2	19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	S (Street e	and Number	or Rural I	Route Num	ber, City or Tow	n, Stete, Zi	p Code)	
-	Hannah Johns		2	2314 1	Ninch	nest	er S	tree	t Ap	t. C	Balt	o., 1	Md. 21216
	20e. METHOD OF DISPOSITION  1 St Burlet 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place King Mem. Pk. 1-20-95 Randalls:									stown, Md.			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE											OHILTON PASS
_	23. PART I. Enter the diseases,	William	6		((	Jary	P. 1	Marc	h F.I	H.,P.A	.)	Balto	o., Md.
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST												
8													
MEDICAL	PART II. Other significent condit	resulting	in the underlying cause given in Po			Part I. 24s. WAS AN AUTOPSY PERFORMED?		24b	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
-	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEA	ATH YE	S $\square$ I	NO E	LINC	EDTAIN				_ [	1 TES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT			1 0140	LKIAII	1 11				
ဗ္ဗ	EXAMINER?	HOSPITAL:	ER/Outpatient	3 [] DOA	OTHER	R:	s XRe	aldanas	e [] 60.				
PHYSICIAN	27. MANNER OF DEATH  1 Natural 8 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ WC	URY AT		_	CRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined Suicide 1 Accident 28e. PLACE OF INJURY — At home, fan building, atc. (Specify)									LOCATION (Street end Number or Rural Route Number, City or Town, State)			
4	29e. CERTIFIER		-						_			-	
BE COMPLETED	290. CERTIFIEN  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 X MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										) end manner ee stated.		
7	296. SIGNATURE AND THE OF CENTER	IEF (					29c. LICE	NSE NUM	/BER		29d. DAT	E SIGNED	(Month, Day, Year)
	/12	~ \w	_				_	)C.	ME		<b>.</b>		
2	30. NAME AND ADDRESS OF PERSON	COMPLETED CAUS				C+				imana			14 1995
	JAN 1 8 1995	32 REGISTRA	R'S MENATURE	11.1	ещ	_SI	reer	. В	alt	шоге	. Mā	TAT	and 21201

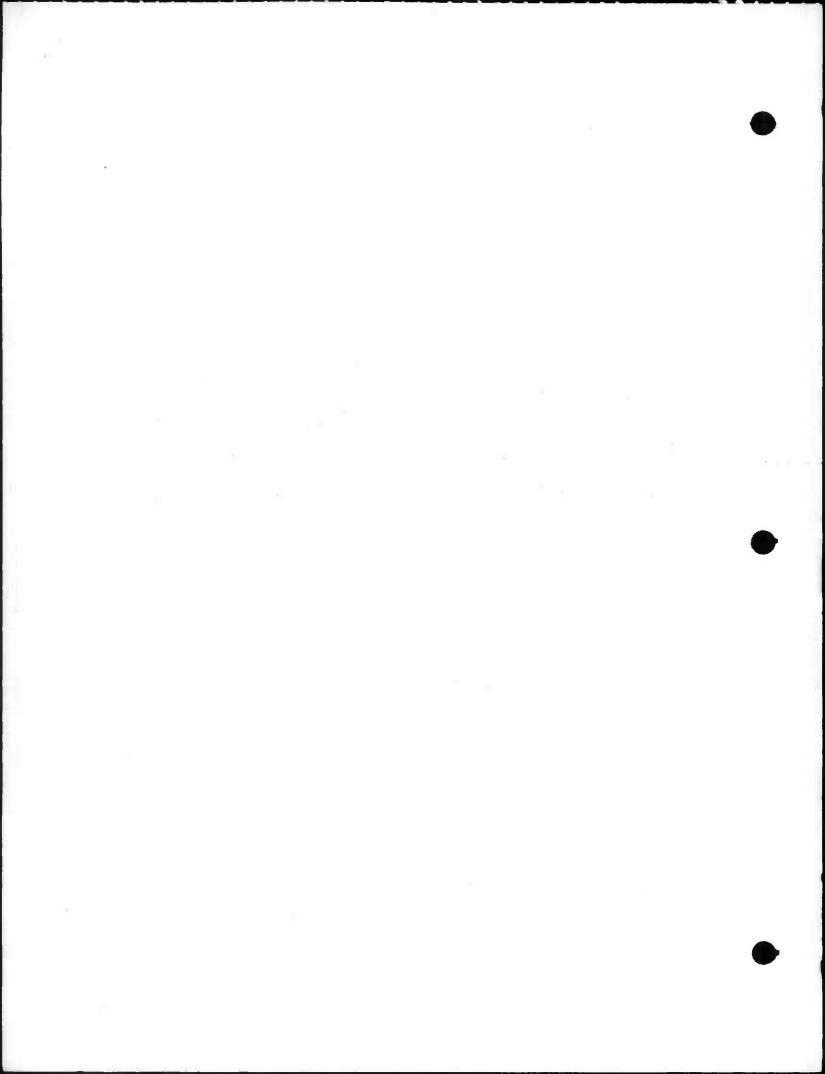


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DIVISION OF VITAL RECORDS, P.O. BOX 68

r death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	
urs afte	in by th	гетома
OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TOR: After this certificate has be	Journ after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or
5	맆	E.

	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)		\ /		2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH				
	William	E	Johnso	y Jr	1						
	4. SOCIAL SECURITY NUMBER  219-39-4919  THE FACILITY NAME (IT not institution, give s	1 X M 2 🗆 F	50 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Menth, Day, Year)	9c. COUNTY OF	THPLACE (State or Foreign				
CTOR	RESIDENCE OF SECREDENT 106. CITY, TOWN OR LOCATION 104 INSIDE CITY										
DIRE	10e. STATE 10b. COUNT	Y 	10c. CITY, TO	171mms			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
NERAL	100. STREET AND NUMBER  11. MARITAL STATUS	TAW STI	-	2120	/	41	WHAT GOUNTHY?				
BY FUN	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Guban, Mexico 1 YES 2 NO Specifi	n, Puarto Rican, atc.)	or No-	ACE — American Indian, ack, White, etc.				
LETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USUI (Give kind of work of life. De NOT use reti	lone during most of working	16b. KIND OF BU	SINESS/INDUSTRY					
E COMPL	17. AT LENS NAME (First, Middle, Last)	odlyson /	1-9111	18. MOZHER'S NA	ME (First, Microsia, Manifori C 15 D/001	Sumana)					
10 B	19a. INFORMANT'S NAME (Typo/Print)	Allican/	196. MAILING ADD	RESS (Street and Number or Rural	Route Number City or Tow	n, State, Zip Code)	D 21223				
must be	20 METHOD OF DISPOSITION  1 A Burlal 2 Crementer 3 Rem  4 Donation 5 Other (Specify)		Db. PLACE AND DATE OF DIS	POSITION (Name of ace)	20/95 An	CATION — City or	Town, State				
montal examine max	21. SIGNATURE OF TUNERAL SERVICE LICENSBE  22. MARIE AND ADDRESS OF EACH SY TUNERAL FROM THE TRANSPORT OF THE TOP TO THE										
	23. PART I sine title diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Batweet interval Batweet IMMEDIATE CAUSE (Final										
event, me	disease of condition resulting in death)  a. ACUTE RESPIRATORY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, if any, leading to immediate  b. NOCAROIA PNEUMONIA  OUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C. A I D S  DUE TO (OR AS A CONSEQUENCE OF):										
8		a,									
MEDICAL CI	PART II. Other significant condition  (2AND/10AL	ESOPHA9	but not resulting in the	a undarlying causa given in	Part I. 24a. WAS AN PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
YSICIAN: ME	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YES	□ NO □ UNCERTAI	NO	1	1   123 2   110				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PLACE OF DEATH (C)								
YSI	1 TYES 2 NO	HOSPITAL: 1   Inputlent 2   ER/Ou		HER: Nursing Home 5 - Residence	8 Other (Specify)	-65pic	$\epsilon$				
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I		1				
TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, larm, street, acity)		281. LOCATION (Street a City or Town, State)	and Number or Rure	al Route Number,				
님				he time, date end place, and dua			e(a) and manner as stated				
ŏ	29b. SIGNATURE AND TITLE OF CERTIFIEF			29c. LICENSE NUI			ED (Month, Day, Yber)				
TO BE COM	61 110		1, WAS	2009	PG/ PSITY 1-	▶ 1/16	11995				
	ESWARD W. C	PAMABELL	TR	NO VUIVE	RSITY 1-	HOSPIT.	AL MO				
	IAN 1 8 1995	LA STREGITHAN TO					21201				



	11	em # 18 film # 6 /19 1-1 FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA			MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Lest) Henry Johan	HENRY O.	JOHANSI			2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH 5 0727 M				
P		216-07-0032	M 2 DF	In yrs. last birthday YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0 8.8	BIRTHPLACE (State or Foreign Country) Maryland				
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number)  Harbor Hospital Center  RESIDENCE OF DECEDENT  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore  Baltimore											
permit. Pages	DIRECTOR	Maryland 10b. COUNTY		ty town on Loca Itimore		10d. INSIDE CITY V LIMITS? 1 YES 2 NO							
. usit	FUNERAL	3807 Tenth Street			21		d States						
21215-0020 all or attending physician. for use as the burial-transit	В	11. MARITAL STATUS  1 Never Married 2 Married  N Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	RACE — American Indian, Black, White Mr. ite Specify: White							
21 al or for u	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT Pres:		ON ost of working	16b. KIND OF BUSINESS/INDUSTRY Waverly Press						
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Lest) Jorgen	Joha	nsen		Joseph	NAME (First, Middle, Malden Surname)						
	TO	Mr. Richard J. Gre	<u> </u>	101 MAILE	O T J WOOd	Drive	Glen Burn	ie, MD.	21061				
6 ma		20. METHOD OF DISPOSITION  10 Burlet 2 Cremetion 3 Hemovel from State 20. PLACE AND DATE OF DISPOSITION (Name of 20. Location — City or Torp. State 20. PLACE AND DATE OF DISPOSITION (Name of 20. Location — City or Torp. State 21. SIGNATURE OF FUNERAL DETAILS AND ADDRESS OF FACILITY  MC CUITY FUNERAL HOME OF Brooklyn											
0 = 0		Merris . Plyn	e Balt	imore,MD.2122									
hirt 24 hours tely filled in the mation, or ren t, the media		23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Betw Onset and Do one cause on each line.  Due to (or as a consequence of):											
P.O. BOX 68: ath certificate be execute trending physician and ct all Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Cardiac ambythmi's (Ventricular tachy condia) 20 day  Due to (or as a consequence of):  d.											
CORD: res that the igned by the ealth and M rs any inju	EDICAL	PART II. Other algolificent conditions of	contributing to deeth be	ut not resulting	In the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
E	SICIAN: M	DID TOBACCO USE CONTRIE			ES NO C		N 🗆		1 YES 2 NO				
IF VITAL SICIAN: The lav certificate has the State Dep it or item 23	PHYSIC		OSPITAL: Vinpetiant 2 ER/Outp	etlent 3 DOA			8 Other (Specify)	NJURY OCCURE	-n				
	B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)  28a. PLACE OF INJURY	— At home, term,	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED  281. LOCATION (Street and Number or Rural Route Number,						
NA)	LETEO	4 Homicide determined	building, atc. (Spec	ify)			City or Town, State)		der Foode Hamber,				
HOSPITE FUNER Within 72	COMPL	(Check only	N: To the beat of my knowl						use(a) and manner as stated.				
TO THE HOSP TO THE FUNE be filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Ch.	me M	D		29c. LICENSE NUI	MBER 614/12		SNED (Month, Day, Year) 16/95				
20	-	30. NAME AND ADDRESS OF PERSON WHO C		ATH (ITEM 27) (Typ	e, Print)								

DHMH-18 Rev 1/89



CALL STATE OF STATE

BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JAN 1-8 1995

	FOR STATE OF MARYLAND / DEPARTMENT	NE HEAITH AND I	MENTAL HYGIENI								
	1 - STATE REGISTRAR CERTIFICATE		REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  Cheryl Faye Kuhn		2. DATE OF DEATH DA	16 9 YEAR	3. TIME OF DEATH 3:40 PM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER t		7. DATE OF BIRTN (Month, Day, Year)		TNPLACE (State or Foreign						
	217-54-7762 1 M 2 X F 45 YRS. MONTHS	MYS HOURS MIN.	Aug 15, 19		aryland						
_		OWN OR LOCATION OF DE	ATN	9c. COUNTY OF	DEATH						
1 2	BAYVIEW MEDICAL Center Continue										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1										
		nore			LIMITS?						
FUNERAL	10s. STREET AND NUMBER	10f, ZIP CODE			WHAT COUNTRY?						
Ä	2811 LAKE AVE	2121		US	5A						
J.	I I never married 2 Mc married	S DECENDENT OF HISPAN es, specify Cuban, Maxica	n, Puerto Rican, atc.)	Bla	CE — American Indian, ick, White, atc.						
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	YES 2 NO Specify	C.		HITE						
ED	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCC (Give kind of work done du	JPATION	16b. KIND OF BUS		ALIE						
19	Elementary/Secondary (0-12) College (1-4 or 5+)	ng most or working	Retai	1							
COMPLET	17. FATHER'S NAME (First, Middle, Last)										
		EDIT	ME (First, Middle, Maiden ! H FOWB								
BE	10s INFORMANT'S NAME (Time/Print)	itreet and Number or Rural F									
5			Balto. Mo		3						
	20a, METHOD OF DISPOSITION  1 Surial 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSIT  cemetary, cremetory of other place)	1 10		ATION — City or							
	4 Donation 5 Other (Specify) Moreland Memi	ME AND ADDRESS OF FAC	1 100	M. oth	d.						
		CHAPEL CO Harford		RIES							
-	23 PART   Enter the diseases or complications that squared the death To not act at	00 Harford	1 Rd Balto	.Md. 21							
	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart fellure. List only one cause on each line.    Approximate interval Between the mode of dying, such as cardiac or respiratory arreat, shock, or heart fellure. List only one cause on each line.    Onset and Description										
	IMMEDIATE CAUSE (Final disease or condition										
	disease or condition										
Z	sessin-										
CERTIFICATION	Sequentially list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A. Julian Cause Consequence of the c										
FIC	CAUSE (Disease or Injury that Initiated evente Due TO (OR AS A CONSEQUENCE OF):	une			2-31						
F	resulting in death) LAST	Rulen E	waulina	HAR							
	PART II Other significant conditions contributing to death but not equition in the										
. ₹	ending to death out not recuting in the unit	niying couse given in	PERFORI	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE						
E		· · · · · · · · · · · · · · · · · · ·	1   YES 2	NO	OF DEATN?						
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES N	UNCERTAIN	1752		1 TES 2 NO						
M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check on EXAMINER?										
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO 1 NO 1 PRIVATE	Home 5 Residence	6 Other (Specify)								
F	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY	c. INJURY AT WORK?	28d. DESCRIBE NOW IN	JURY OCCURED							
BY	2 Accident Investigation	YES 2 NO	004 1 00471011 (01								
COMPLETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factor building, atc. (Specify)	, offica	28f. LOCATION (Street as City or Town, State)	nd Number or Hure	rioute Number,						
Ę	29a. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time	data and place, and due	to the cause(s) and man	ner se stated							
NO No	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion				(a) end menner as stated.						
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)						
TO B	My V. Kurderer MD	950	07	► 1/16	195						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Jeffren D. Hendever, MD. Raus	view Me	dical Com	ter R	It mo						
	31. DATE FILED (Month, Day, Year) J. ABGISTDAN'S BIGNATIFIE ALL D'AUGUST CONTROLLES										

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BALTIMORE, MARYLAND 21215-0020

VISION OF VITAL RECORDS, P.O. BOX 68760,

permit. funeral director, page 5 should be detached for use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. once. Ħ notified pe must medical examiner the attending physician and completely filled in by the if Mental Hygiene prior to burial, cremation, or removal. the DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, or other traumatic signed by the any Shows has been : Dept. of P 23 tem certificate h 10 this c marked, After death TO THE HOSPITAL DR ATTENDIN
TO THE FUNERAL DIRECTOR: At
be filed within 72 hours after de
IMPORTANT: If Item 28 is 28 18

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Kang 3. TIME OF DEATH YEAR 2,25 AM 01 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPI ACE (State or Foreign 219-29-0640 Jan 31 1 1 F 62 1932 Korea 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Middle River 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 222 Shagbark Road 21220 Korea 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 X NO BY Specify: 3 Widowed 4 Divorced Oriental COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 12 Restaurant Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Young Jin Kang Ok Youn Chung 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Young Ja Kang 222 Shagbark Road Baltimore, Maryland 21220 20e. METHOD OF DISPOSITION

1 IX Buriel 2 Cremetion 3 C

4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Meadowride Memorial 1/19/95 Dorsey Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton J Knight Jr LeonardJ. Ruck, Inc. 5305 Harford Road Baltimore, Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in dasth) SEPSIS OUE TO (OR AS A CONSEQUENCE OF): TRACT DUE TO (OR AS A CONSEQUENCE OF) INFECTION CERTIFICATION Sequentially list conditions. It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HYPERTENSION DIABETES 1 TYES 2 TLANO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 NO 1 Cimpatient 2 - ER/Outpatient 3 -4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATN 28a. DATE OF tNJURY (Month, Day, Year) 28c. (NJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ED Could not be 4 Nomicide COMPLET 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in gry opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1995 0 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIE 600D SAMARITAN MACARUBBO HUSP

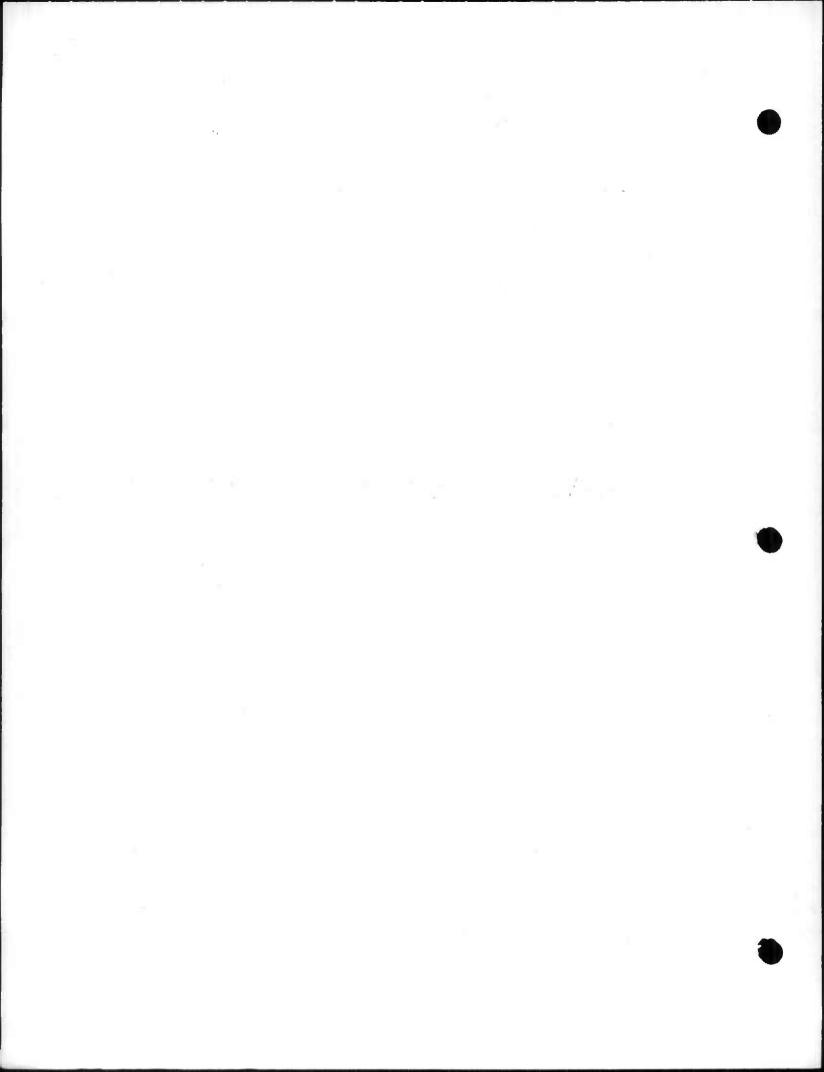
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MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TER: After this	in regarded for the most control of the most c
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										9	) (	0966	
	1 - FOR REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEAT	DAY	YEAR	3. TIME OF OEATN	
	ALBERT J. KULI							JANUARY 17	, 1995		10:00AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Yea	ri	Country	IPLACE (State or Foreign	
	170-09-1698	1XX M 2 □ F	82	YRS.					a Septembe	R 27, 19	12 ME		
~	Se. FACILITY NAME (If not institution, give st						R LOCATIO			ATH 9c. COUNTY OF DEATN			
0	ANNE ARUNDEL MEDIO	CAL CENT	ER		AN	NAPO	)LIS,	MAF	RYLAND		ANNE	ARUNDEL	
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY	
DIRECTOR	MD B	ALTIMORE		PHO	DENIX	MARY	LAND					LIMITS?	
	10e. STREET AND NUMBER						ZIP CODE			10a, Cf	TIZEN OF V	WHAT COUNTRY?	
FUNERAL	14 GLEN LYON COURT							2113	1	1	U.S.A.		
S	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARE	MED	13.	WAS OEC	ENDENT O	F NISPAN	HC ORIGIN? (Specify	Yea or No-	14. BACE	- American Indian	
BY F	1 Never Married 2 Married  3XX Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES	0		yes, spe	2)(X NO	n, Mexica Specify	n, Puerto Rican, atc.		Black Specifi	, White, etc.	
												» WHITE	
I	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DEC	EDENT'S	WORK done	CCUPATIO	on st of worldn	g	16b. KIND OF	BUSINESS/IN	IDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		JCTION				GE	NERAL C	ONTRAC	TING	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		u	N2 LKI	JCTION	WUKI	r	EDIO NA	ME (First, Middle, Me		CHITTO	77 2140	
Ö	(UNKNOWN)								TARSACK	oen Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a			Route Number, City or	Town State 7	(in Code)		
5	WILLIAM A. KULICK		14	GLE	LYON	Cour	RT, Pr	OENI	X, MARYLAN	2113			
	20a. METHOD OF DISPOSITION 1		20b. PLACEA	NODATE	OF DISPOS	_				LOCATION -	- City or To	wn, State	
	4 Donation 8 Other (Specify)	vat from State	GREEN M			TORY	JAN	JUARY	18,1995	BALTIM	ORE CITY		
	21. SIGNATURE OF FUNERAL SERVICE UM	THEE A	0		22, 1	NAME AN	D ADDRES	S OF FA	CILITY				
	1) Sty 6)	the	cts.		15	ARLE	S L.	STE RT A	VENS FUN VENUE, E	ERAL	HOME	MD 21230	
	23. PART I. Enter the diseesea, or co	omplications that	caused the dec	th. Do r	not enter	the mod	de of dyle	ng, aucl	h aa cardlec or n	apiratory a	rreat,	Approximata	
	anock, or neart tailure. List only one ceuse on each line.										Interval Between Onset and Death		
	disease or condition resulting in death)  Due to (or as a consequence of):												
Z	Conventielly the condition												
Ĕ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
ERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEO	HENCE OF	n.								
E	thet initiated events resulting in death) LAST	552 10 1	ON AS A CONSECU	OZNOZ OI	· ).							i	
8													
AL.	PART II. Other aignificant conditions	A.	death but not re	sulting	n the un	derlying	cause g	lven in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
ă	NYPETTION								1 _ YE	2 NO		COMPLETION OF CAUSE OF DEATH?	
M							/					1 - YES 2 - NO	
AN	DID TOBACCO USE CONTR	IBUTE TO CAL				40 M	UNC	ERTAIN	1 🗆				
Ö	EXAMINER?	HOSPITAL:	26. PLACE		OTHER				1	0	-1	22 .	
PHYSICIAN: MEDICAL	1 VES 2 NO  27. MANUER OF DEATN	1 Inpatient 2 I		DOA 28b. TIM		ing Nome 28c, INJU		Idence	Other (Specify)	Kesidu		Home	
	Netural 5 Pending	(Month, Da		INJ	URY	WOI	RIC?	NO.	28d. DESCRIBE NO	M INJURY OC	CUHED		
ВУ	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF	M 1 YES 2 NO  28e. PLACE OF INJURY — At home, farm, street, factory, office					NO	281. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	4 Nomicide 8 Could not be determined	building, d	etc. (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, St	eto)	1 OF FIGURE 71	Constitution,	
빌	29a. CERTIFIER Check only CERTIFYING PHYSIC	IAN: To the bast of	my knowledge des	th occurr	of at the st	ma data	and place	med due	in the severals) and		ALC:		
OME	(Check only one) 2 MEDICAL EXAMINER											and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	_					
BE	Malm Fre	dlander	COM (					897		≥ J		(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)	0.,					-014		
İ	NEAL W. FRIE	DEUNDER	U-WE	30	1 5%	UAV	ין א	ACE)	20116 9	9,1 L	HT10	MO 71709	



FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) LORSO 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 M 2 F 220 14 8696 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RIDIAN 100500 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAL PARYLAND limore permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit is 3223 21234 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, 1 Never Married 2 Married IF YES, GIVE WAR OR OATES BY Specify: 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION Elementary/Secondary (0-12) College (1-4 or 5+) 12YRS 17. FATHER'S NAME (First, Middle, Last) T AY AMA notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PAT Ric UHRIR be 20a. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Removal 4 | Donation 6 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must ARKWOOD 20212R 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL OF York 8800 HARFORD n by the removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such shock, or heart feliure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final cremation, the disease or condition resulting in death) complete traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, AS A CONSEQUENCE OF): certificate be executed will burial, CERTIFICATION and Sequentielly list conditions, 2 if any, leading to immediate attending physician prior 1 cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OH AS A CONSEQUENCE OF) resulting in death) LAST 10 the atten PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL and and any signed the shows been . PHYSICIAN: has b Dept. PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? certificate by the State OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 6 27. MANNER OF GEATH 28c. INJURY AT WORK?
1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) arked. with w 1 Natural 5 Pending Investigation BY 2 Accident Suicide 26a. PLACE OF INJURY - At home, farm, atreet, factory, office 6 Could not be determined COMPLETED 29a. CERTIFIER
(Check only

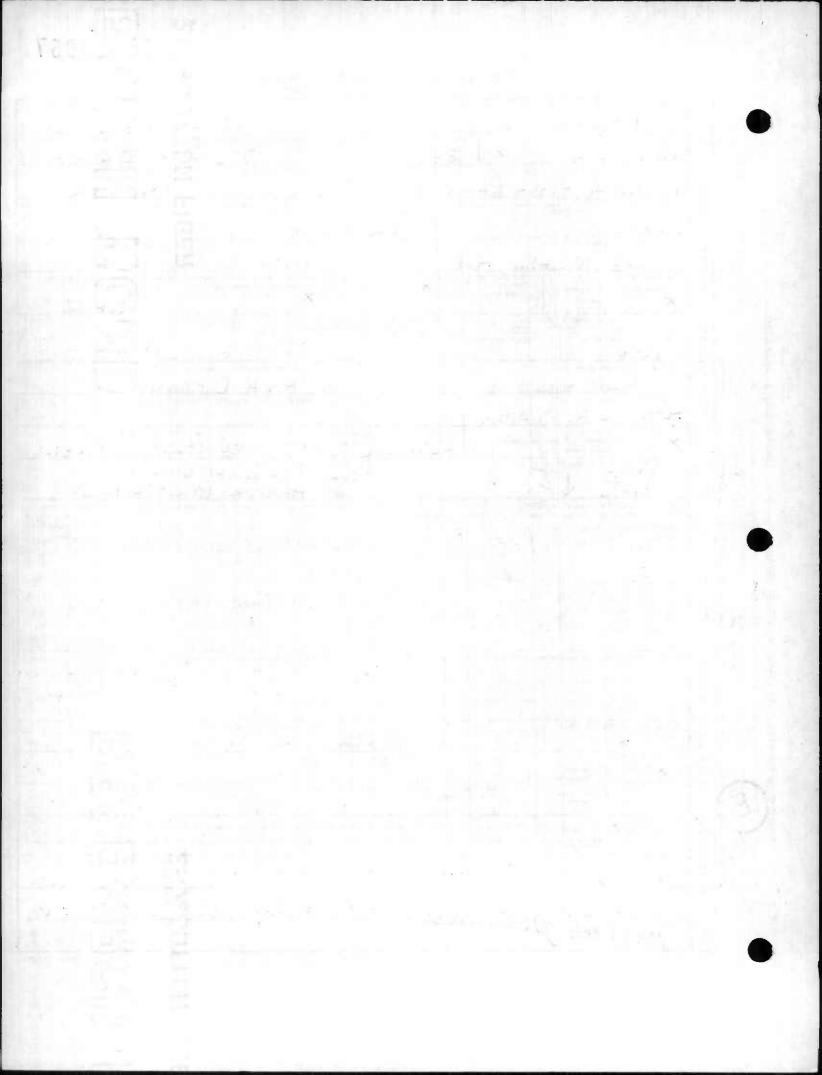
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNEFA within 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. TO THE FUNERA
TO THE FUNERA
De filed within 296. SIGNATURE AND TITLE OF CERTIFIE LICENSE NUMBER THE F BE 306 0 POR POR SHANNING 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH JANUARY13 1995 1:50 A M.M 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) INDIANA 41 2006 9c. COUNTY OF DEATH BALLIMORE 10d. INSIDE CITY 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No--If we anocify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. NHITZ 16b. KIND OF BUSINESS/INDUSTRY MARTIO 18. MOTHER'S NAME (First, Middle, Maiden Surns DATE 20c. LOCATION — City or Town, Stata ARKVILLS PRYLAGO ROAD Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 10 HO 26d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, 29d. DATE SIGNED (Month, Day, Year) JAN



DHMH-16 Rev 1/89

FOR REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jan 5. SFY SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign ma COUNTY OF DEATH Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 | NO permit. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 320 arawa TUR 2 use as the burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married If yes, specify Cubs
1 YES 2 NO oan, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES Specify: B Specify: BY 3 Widowed 4 Divorced ac ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. COMPL NUISE once. MOTNER'S NAME (First Middle Mail 055 notified at amie 220 BE 19h, MAILING ADDRESS (Stre 2 Balto an0 0 10 ce mo 2 must be PATE METHOD OF DISPOSITION

Burlel 2 Cremation 3 Ref COB. PLACE AND DATE OF DISPI SITION /Name 20c. LOCATION ma Donetion 6 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AND ADDRESS OF FACILITY Batto, M 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one interval Betwe IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition cornary artery dueas rferioselevatic traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate . Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 injury, PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Vasculor shows any Desease 1 TYES 2 T NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO ☑ UNCERTAIN □ THE HOSPITAL OR ATTENDING PHYSICIAN: The law I THE FUNERAL DIRECTOR: After this certificate has be the following after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL OTHER: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATN 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) BETCOMPLETED 6 Could not be 4 Nomicide 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Merrin luli 1-13-95 D21022 AODRESS OF PERSON WNO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) MARION KOWALEUSKY 8604 HARFORIS SALTU. MD 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (First, Middle, Last)  LUTHER LEWIS  2. DATE OF DEATH MONTH DATE OF DEATH MONTH 14						MY	9 S	3. TIME OF DEA					
	4. SOCIAL SECURITY NU 220-68-400		5. SEX	8. AGE (In yrs. In	ast birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE O	E BIRTH	1954	8. BIRT	THPLACE (State or F
NC.	9a. FACILITY NAME (If not institution, give alreet and number) Church Home & Hospital Center					9b. CITY, TOWN OR LOCATION OF DEATH Baltimore					9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF D	10b. COU		10c. CIT	c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CIT		
-	100. STREET AND NUMBER 5438 Relcrest Road						. ZIP COD		10g. CITIZEH				1 ☐ YES 2 ☐ HO  OF WHAT COUNTRY?  USA	
BY FUNERAL	11. MARITAL STATUS  1 XNever Married 2 3 Widowed 4 D	☐ Married	12. WAS DECEDED FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES	RMED	- /	If yes, sp	ENDENT (	F HISPAN	IIC ORIGIN?	(Specify Ye can, atc.)	a or No	14. RAI	CE — American Ind ack, White, etc. ecity: Black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. D					s usual of work done ise retired.)	during mo	OH est of worki	ng	16b. I	Con	siness/ind		
E COMPL	17. FATHER'S HAME (First							18. MOT	Bea	ME (FIRST, MI	Stew	sumame)		F
TO B	19a. INFORMANT'S NAME Dorothy			16	96. MAILIHO 5438	Re10	s (Street a	t Roa	or Rural I	Balti	more,	vn, Stutu, Zip Mary	y lan	nd 21206
	20s. METHOD OF DISPOS 1 Burial 2 Creme 4 Denetion 5 Ott	etion 3 🗆 R	emoval from Stata	20b. PLACE	AND DATE	of dispos	eme to	ery	1/2	21/95	20c. LC	nsdov	city or	Town, State
	20b. PLACE AND DATE of DISPOSITION  20b. PLACE AND DATE of DISPOSITION   PATE   20c. LOCATION - City or Town, State    20c. DOCATION - City or Town, State    20c. Docation - City or Town, State    20c. Docation - City or Town, State    20c. Docation - City or Town, State    20c. Location - City or Town, State    20c. Location - City or Town, State    20c. Location - City or Town, State    21. State - Commelting   Commelted    22. HAME AND ADDRESS OF FACILITY    22. HAME AND ADDRESS OF FACILITY    23. Commelted    24. Document    25. Document    26. Location - City or Town, State    27. Location - City or Town, State    28. Location - City or Town, State    29. Location													
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RTIFICATION	iMMEDIATE CAUSE ( disease or condition reaulting in death)	ditions, mediate	a. CARDI OUE TO DUE TO C. PULM DUE TO DUE TO	OPULA OF AS A CONSE MONIA OF AS A COHSE ONARY	HONPEOUENCE OF	not enter	ORR	Winner of dy REST	er Av	Venue	Ba1	elratory an	re,	Md. 2121  Approximinate and interval E Onset and in
S	shock, or immediate the control of t	ditions, mediate LYING njury	a. CARDI OUE TO b. PNEUI DUE TO C. PULM DUE TO d. POSITIV	MONIA OF AS A CONSE MONIA OF AS A CONSE ONARY OF AS A CONSE POR	EDE	NRY NP: NP: NP: NP:	The mo	Winner of dy REST	er Aving, auci	venue	Ballac or resp	RAUS	re,	Md. 2121  Approxim Interval E Onset an I D IO DI IO DI IYE  4b. WERE AUTOPSY
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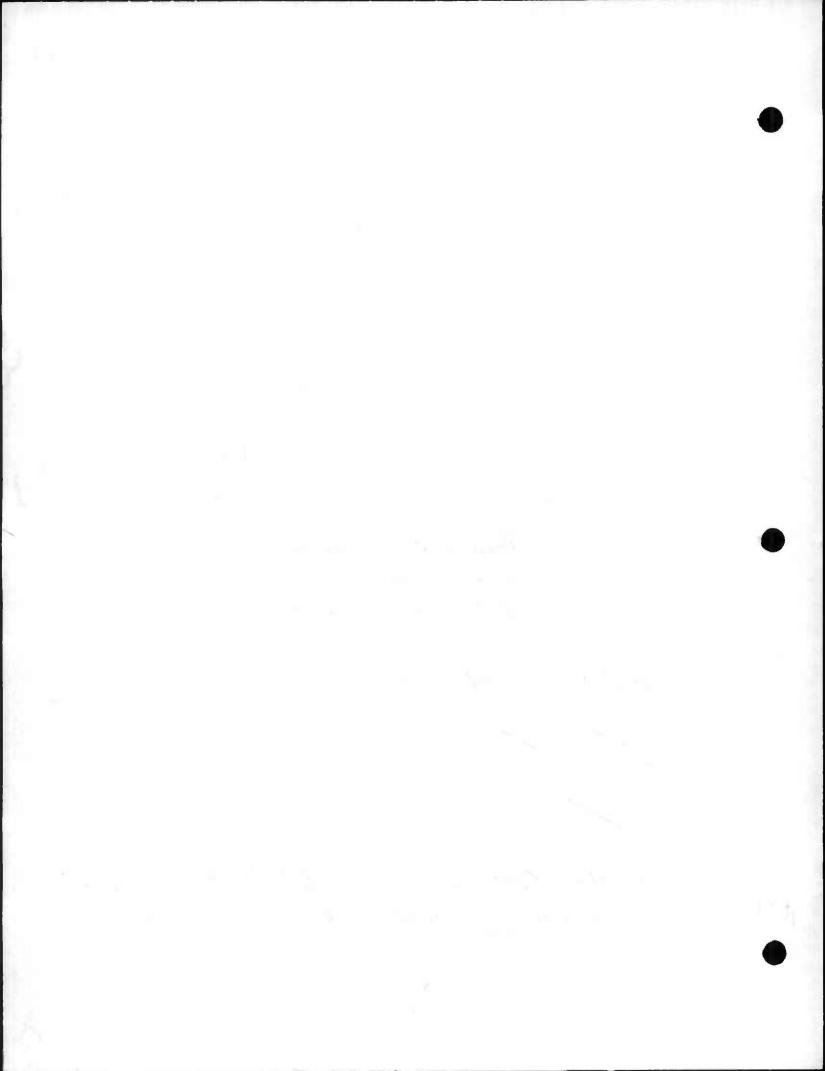
— TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within an income a first death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: The page 1 of the action of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the page 1 of the atth and Mental Hydrene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

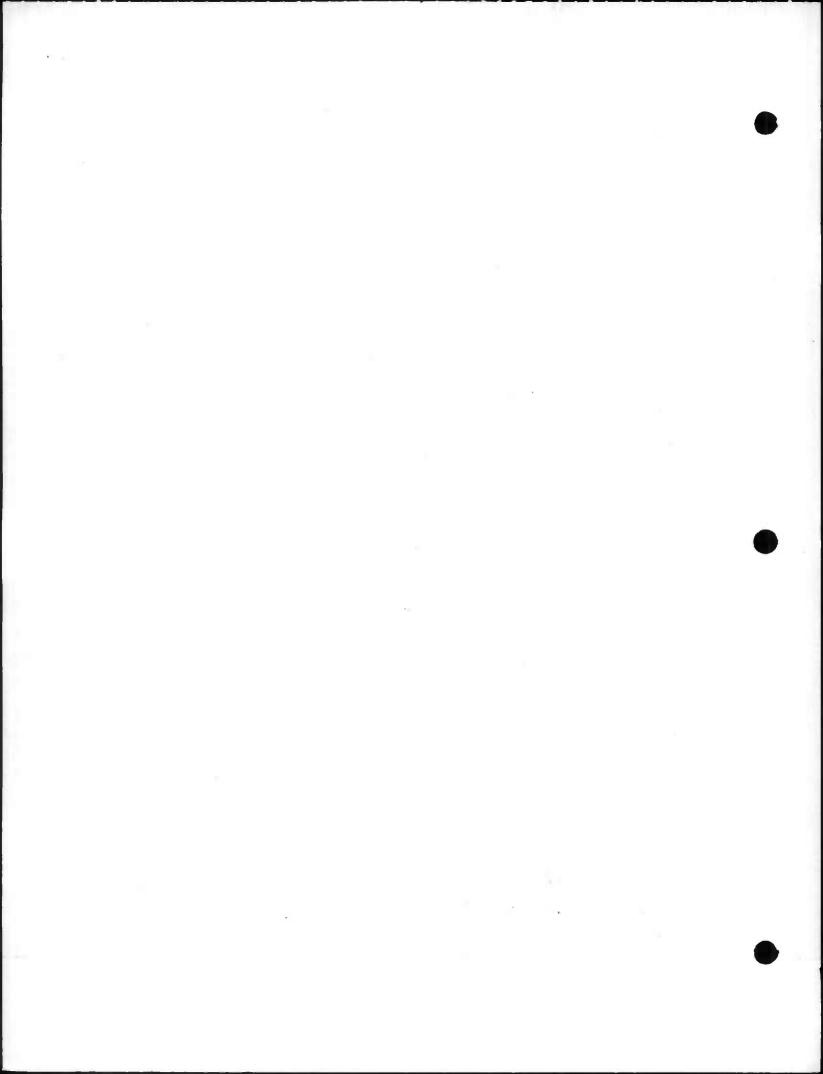
	1 - STATE REGISTRAR	CI		ICATE OF			REG	i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TH		3. TIME OF DEATH
	WILLIAM LEE	LONG, SR.					JÄNUAI	RY 13	, 1995	м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRT (Month, Day, Y	H	8. BIRTI	IPLACE (State or Foreign
	213-16-4043 1XIM 2		YRS.	MONTHS DAYS	HOURS	MIN.	05-18-		WES	T VIRGINIA
	9s. FACILITY NAME (If not institution, give street and nun			9b. CITY, TOWN	OR LOCATIO	ON OF DE			OUNTY OF C	DEATH
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DIRECTOR	RESIDENCE OF DECEDENT  100, STATE 100, COUNTY		40. 017	V 200001 00 1 00						
Ē		ARUNDEL	100. 011	Y, TOWN OR LOCA		E				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER				H. ZIP CODE					1 YES 2 NO
RA	110 HUNTINGTON COU	IDπ		1"	21061					WHAT COUNTRY?
FUNERAL		ECEDENT EVER IN U.S. AR	MED	12 WAS DE			IC ORIGIN? (Spec		J.S.A	
	1 Never Married 2 Married FORCE	S? 1 X YES 2 N	10	If yes, a	pecify Cuber B 2 X NO	ı, Mexicar	, Puerto Ricen, et	c.j	Blac	E — American Indian, k, White, atc.
ВУ		WII		1 LI YE	S 2 TO NO	Specify			Spec	WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DE	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND C	F BUSINESS	INDUSTRY	
	Elementary/Secondary (0-12) College (1	I-4 or 5+)	Do NOT u	se retired.)	ost or working	g				
MP	12 N/	A SAI	ESM	AN			HAUS	WALD	BAK	ERY
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTH	ER'S NAM	ME (First, Middle, M	laiden Surnam	0)	
BE		ONG				LEN			HOLL	IS
6	19a. INFORMANT'S NAME (Type/Print)						loute Number, City			21061
	EVELYN L. LONG					COU	RT, GLE			
	20s. METHOD OF DISPOSITION 1 □ Burial 2 ☒ Cremetion 3 □ Removal from S	tate 20b. PLACE A	no DATE	OF DISPOSITION (A	ama of		1.6	c. LOCATION		
8	4 Donation 5 Other (Specify)	HILLT	OP .	SERVICE	COR	Р.	1-17	rowsc	N, M	D.
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	anne 500	var -		GLEN	BIIR	NIE.	MARVI	AND	21061	
	23. PART I Enter the diseases, or complication shoot, or heart failure. List only of	ons that coused the de	eth. Do r	not enter the m	ode of dyir	ng, such	as cardlec or	reapiratory	arreat,	Approximata
- 1	IMMEDIATE CAUSE (Final	1		_						Interval Between Onset and Death
- 1	disease or condition resulting in death)									
	DUE TO (OR AS A CONSEQUENCE DF):									
8	Sequentielly list conditions,	DUE TO (OR AS A CONSEO								
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토	resulting in death) LAST									
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DICAL	PART ii. Other algnificant conditions contribut	ing to death but not re	epuiting i	in the underlying	g ceuse g	iven in F		S AN AUTOP:	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	talboter -	s caphal	OPA	uny			1 U Y	ES 20 NO		COMPLETION OF CAUSE OF DEATH?
ME	<del></del>						_			1   YES 2   110
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ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:		OTHER:						
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. #	1 Natural 5 Pending	NATE OF INJURY Month, Day, Year)	28b. TIM INJ	URY W	JURY AT		28d. DESCRIBE H	IOW INJURY	OCCURED	
7	2 Accident Investigation 3 Suicide 8 Could not be 28s. P	LACE DF INJURY — At hor	ne form e		YES 2	NO	201 LOCATION /S	bear and bloom		
OMPLETED	4 Homicide determined	uliding, etc. (Specify)	rew, territi, a	ereet, factory, orni			281. LOCATION (S City or Town,		ber or Flural F	loute Number,
9	29a. CERTIFIER									
₽ B	(Check only one)  2 MEDICAL EXAMINER: On the ba									
8		and or examination and/or it		n, in my opirion,						
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STATE OF	MARYLAND / DEPARTM	ENT OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICA	TE OF DEA	TH		REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					YGIEN	E			
		DECEDENT'S NAME (First, Middle, Last)     2. DATE OF DEA										3. TIME OF DEA	TH
			Misciwojewsk	i				Janua	ry Ĩ		995	5:34	ри
	- 3	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	_	IF UNDER 24 HRS.	7. DATE OF (Month, D	sy, Year)		B. BIRTHP Country)	PLACE (State or F	oreign
pino		212-20-3123 9a. FACILITY NAME (If not institution, giv	1 M 2 F	70 YRS.	ah OITH T	2010101		July	20,	1924		yland	
3 should	۳ ا	Franklin Squar					ille	PEATH		9c. COUNT	ltim		
1, 2,	5	RESIDENCE OF DECEDENT										0, 0	
Page	DIRECTOR	Maryland 106. coul	114		10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS?	
ermit.	AL C	10e. STREET AND NUMBER			Daren		ZIP CODE	10g. CITIZEN OF				1 X YES 2	NO
physician. burial-transit permit. Pages 1, 2,	ER/	4608 Mannasot	a Avenue				21206					States	
physician. burial-trar	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NDENT OF HISPA			or No — 1		- American Indi White, atc.	len,
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	PATES					n, witi.)		Specify	<i>r</i> :		
as as	03	15. DECEDENT'S E	UCATION II	16a. DECEDENT'S				16b, Kil	ND OF BUS	SINESS/INDU	STRY	White	e
6 5		(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT L			of working						
the hospital detached fo	COMPLET	8		Firef	ighter	r		Balt	imore	City F	ire D	)epartmen	it
by the horbe detach		17. FATHER'S NAME (First, Middle, Lest)  Anthony Misciwojewski Constant								,	_		
	BE	19a. INFORMANT'S NAME (Type/Print)	OJEWSKI	19b. MAILIN	ADDRESS /	Street an	d Number or Rural	nce Ka					
5 5	2	Jerome J. Misci	wojewski				ta Aven			ore, I		21206	
2 6 4		20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re		D. PLACE AND DATE	OF DISPOSITI	ION (Nam	ne of	DATE		CATION — CI		n, Stata	
age 6 ma director,		4 Donation 5 Other (Specify)	Ga	ardens of F				1/20/95	В	altim	ore,	Maryla	ınd
death. Pag funeral di f. examiner		21. SIGNATURE OF FUNERAL SERVICE	Mark T.	Zavoyna			and J. F		nc.				
2 2 2		7.01			5:	305	Harford	Road	Bal	timor	e, M	ld. 212	214
d in by the or removal		23. PART I. Enter the diseeses, o ahock, or heert fellur	r complications that cause a. List only one cause on a	d the deeth. Do each line.	not enter th	ne mod	e of dying, suc	ch ea cerdlec	or respi	ratory arre	st,	Approxim	
		iMMEDIATE CAUSE (Final disease or condition	Co. not 10	e Appen	4							Onset and	d Death
ompletely fille d, cremation, event, the		reaulting in death)	DUE TO (OR AS A	A CONSEQUENCE O	Ð.	-	n					17,770	
and cor burial,	Z	Sequentially list conditions	. Inchem	ue Card	wmy	cont	try					290	-
. 8 " 0 =	ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							2,				
ificate be physician ene prior i	FIC	CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):							22				
end in	ERTIFICATION	resulting in death) LAST	d										
the death y the atter of Mental injury, o	AL C	PART il. Other algnificent conditi	ons contributing to deeth b	out not reaulting	in the unde	erlying	ceuse given in	Part i. 24	n. WAS AN	AUTOPSY	246. 1	WERE AUTOPSY F	INDINGS
that ed b h an	EDICA	48							PERFOR	MED?	1	AVAILABLE PRIOR COMPLETION OF	TO
sign Sign Heat	MED								123 2	_ 110		OF DEATH?	NO
law request been of 23 sho		DID TOBACCO USE CON	TRIBUTE TO CAUSE C	OF DEATH Y	ES 🗆 NO	0 🗆	UNCERTAI	N 🗆					
The ate b	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check onf	ly one)							
scratification of	PHYS	1 YES 2 NO	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY	patient 3 DOA 28b. TIII		g Home 8c. INJU	5 Residence	8 Other (Sp 28d. DESCRI		A IIIBA VOCI	IDED.		
PHY this with		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WOR	K?      S 2     NO	and DESCRI	BE NOW II	NJOHT OCCU	HED		
NDING R: After or death Is man	р ву	3 Suicide S Could not b	28e. PLACE OF INJURY	f — At home, farm,	street, factory	y, offica		281. LOCATIO	N (Street a	and Number of	Rural Roi	ute Number,	
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ET .	4 Nomicide determined							With Glaldy				
E ZZ E	COMPLETED		SICIAN: To the best of my know										
HOSPITAL FUNERAL within 72 TANT: It	S	2 MEDICAL EXAMI	NER: On the basis of examination	n and/or Investigati	on, in my opir				place, an				
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	) BE	296. SIGNATURE AND TITLE OF CERTIF	1011	mn			13401			29d. DATE	1 15	Month, Day, Year)	
0)	2	30. NAME AND ADDRESS OF PERSON Y	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	21	239	· ·					
10	ı	31. DATE FILED (Month, Day 160)	ula d'ared stare Care	ATTRE							-		
		0											



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the relation physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last) FRANK	MUSIL,	JR.		2. DATE OF DEATH MONTH	1995	3. TIME OF DEATH			
	3.17-18-0453	1 M 2 - F	7/ YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) SEPT. 15	1923 B	RTHPLACE (State or Foreign suntry) RALTO, MD.			
TOR	90. FACILITY HAME (If not institution, give s  8305 AVON)  RESIDENCE OF DECEDENT	Street and number)  DALE FOR	96. (	PARKVILLE	DEATH	9c. COUNTY O	TIMORE CO.			
DIRECTOR	MARYLAND BA	4TIMORE (	10c. CITY, TOW	ON OR LOCATION			10d. INSIDE CITY LIMITS? 1 □ YES 2 NO			
FUNERAL	100. STREET AND HUMBER  8305 AVOND	ALE ROA	D	101. ZIP CODE	34	10g. CITIZEH OF WHAT COUNTRY?				
COMPLETED BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2  HO	13. WAS DECENDENT OF HISP/ If yes, specify Cuber, Mexic  1  YES 2 NO Spec	en, Puerto Rican, etc.)		ACE — American Indian, Hack, White, stem			
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	JCATION	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retire	one during most of working		SIHESS/INDUSTR	Y			
MP	9		PRINTE	Z	NEW	, , , , ,	EK			
BE CO	17. FATHER'S HAME (First, Middle, Last)  FRANCIS  J	DSEPH M	MUSIL	ANI	AME (First, Middle, Meiden	CALV	ERT			
5	198. INFORMANT'S NAME (Type/Print)  MS, LAURA	A. MUSIL	19b. MAILING ADDR	ESS (Street end Number or Rural AVONDAL	Fourte Number, City or Ton	n, State, Zip Code	KVILLE, MD.			
	20a. METHOD OF DISPOSITION 1 IV Burdat 2 Cremation 3 Removal from State 4 Doneston 8 Other (Specify)  20b. PLACE AHD DATE OF DISPOSITION / Name of capturery or other plate)  20b. PLACE AHD DATE OF DISPOSITION / Name of capturery or other plate)  20b. PLACE AHD DATE OF DISPOSITION / Name of capturery or other plate)  20b. PLACE AHD DATE OF DISPOSITION / Name of capturery or other plate)									
	21. SIGNATURE OF FUNERAL SERVICE LIN	f. gain	M00677	22. NAME AND ADDRESS OF F	TINEPORD	Est.	PARKVILLE			
	23. Park I Enter the diseases, or shock, or head failure.	complications that caused List only one ceuse on as	tha daath. Do not ar	tar the moda of dying, au	ch as cardiac or reap	fratory arreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition recuiting in death)  Due TO (OR AS A CONSEQUENCE OF):  Interval Between Oneet and Death Oneet and Death Oneet and Death Oneet and Death One of the Cardy of									
	resulting in death)	a. TE 478	CONTRACT OF L	opulmana	ry Tails	we	much			
N		DUE TO (OR AS A	CONSEQUENCE OF):	of u (mara	of Tails	we	Much			
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):	op a mora	ry Faile	we	muel			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A		op a mora	ry Faile		muel			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	b. DUE TO (OR AS A C. DUE TO (OR AS A d.	CONSEQUENCE OF):		1 Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C. DUE TO (OR AS A d.	CONSEQUENCE OF):			RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the	undariying causa given ir	1 Part i. 24a. WAS AN PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not requiting in the	undariying causa given ir	1 Part i. 24a. WAS AN PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A  c. DUE TO (OR AS A  d. RIBUTE TO CAUSE OF HOSPITAL: 1   Inpetient 2   ER/Output	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the  F DEATH YES   26. PLACE OF DEATH (Christian C	underlying cause given in  NO UNCERTAL book only one) IEF: Nursing Home 5 Residence	Part i. 24a. WAS AN PERFOI 1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the  F DEATH YES   28. PLACE OF DEATH (Character)  OTHER	underlying cause given in	n Part i. 24a, WAS AN PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (OR AS A  C. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not requiting in the  F DEATH YES  28. PLACE OF DEATH (Charles):  28. PLACE OF DEATH (Charles):  28. TIME OF INJURY N  At home, term, street,	underlying cause given in  NO UNCERTAL sek only one) IEF: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Part i. 24a. WAS AN PERFOI 1 YES :	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 VO  27. MAHHER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  RIBUTE TO CAUSE OF  HOSPITAL: 1   Inpetient 2   ER/Output  28e. DATE OF INJURY (Month, Dey, 1/9)  28e. PLACE OF INJURY building, etc. (Special Cidan): To the best of my knowle	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the  F DEATH YES  28. PLACE OF DEATH (Christian 3 DOA 4 DOA 1 DO	UNCERTAL  DOCK ONLY ONE)  IEF:  Nursing Home 5 Residence  28c. INJURY AT  1 YES 2 NO  factory, office	8 Other (Specify)  26t. LOCATION (Street City or Town, State)  e to the cause(e) and mere	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 VO  27. MAHHER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  c. DUE TO (OR AS A  d. DUE TO (OR AS A  d. RIBUTE TO CAUSE OF RIBUTE TO CAUSE OF RIBUTE TO CAUSE OF RIBUTE (Month, Day, 1949)  289. PLACE OF RIBUTE OF RIBUTE (Month, Day, 1949)	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the  F DEATH YES  28. PLACE OF DEATH (Christian 3 DOA 4 DOA 1 DO	UNCERTAL  DOCK ONLY ONE)  IEF:  Nursing Home 5 Residence  28c. INJURY AT  1 YES 2 NO  factory, office	8 Other (Specify)  2ed. DESCRIBE HOW city or Yown, State)  e to the cause(e) and men a time, date and place, or	NJURY OCCURED and Number or Rul nner as stated. Ind due to the coun	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MAHHER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the consequence of the consequenc	UNCERTAL  OCK only one)  IER:  Nursing Mome 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO  factory, office	8 Other (Specify)  2ed. DESCRIBE HOW city or Yown, State)  e to the cause(e) and men a time, date and place, or	NJURY OCCURED and Number or Rul nner as stated. Ind due to the coun	ANALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MAHHER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the consequence of the consequenc	UNCERTAL  OCK only one)  IER:  Nursing Mome 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO  factory, office	8 Other (Specify)  28t. LOCATION (Street-City or Town, State) e to the cause(e) end mere of time, date end place, en	NJURY OCCURED and Number or Rul nner as stated. Ind due to the coun	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO			

TO RE COMPLETED BY SHINEDAL

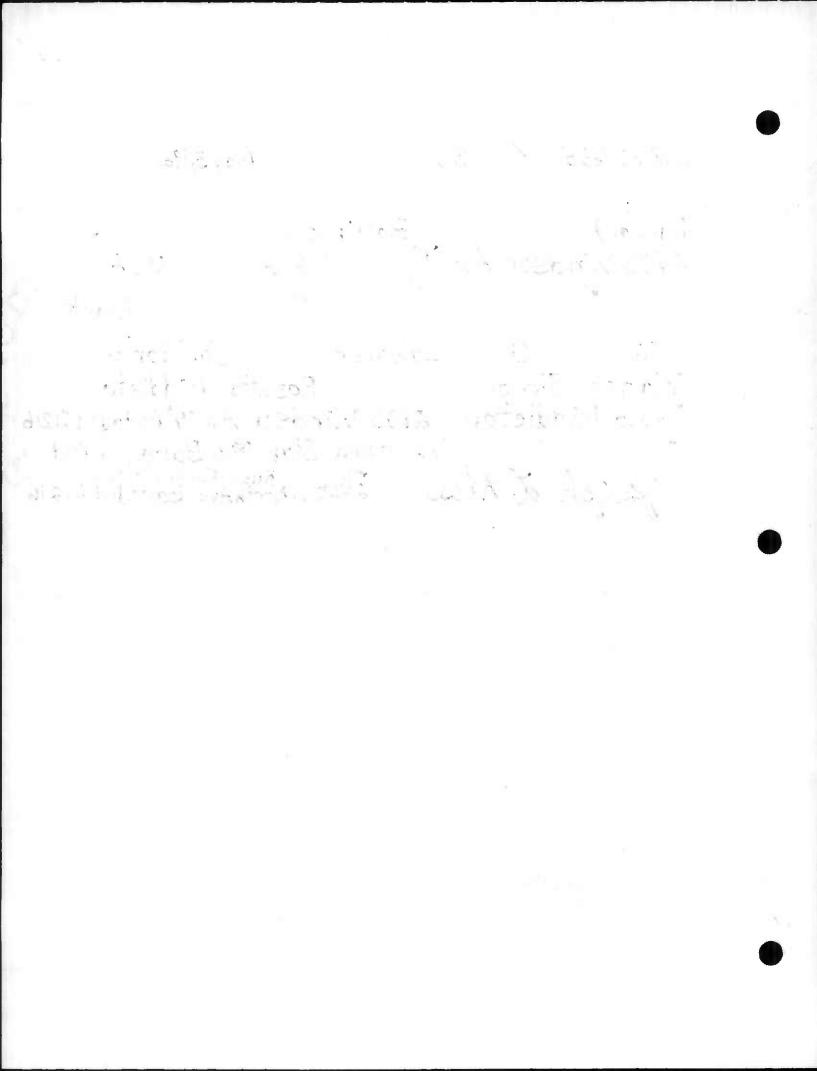
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the restincted by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART		IEALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		Э. Т	IME OF DEATH
	Chris	. I. Middletor			Jan 1			w 10	95	0027 M
	4. SOCIAL SECURITY NUMBER 218-80-1655	1 M 2 - F	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH			CE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give so  2901 Walbrook RESIDENCE OF DECEDENT  10b. TATE  10b. COUNTY	Avenue	100 CITY		imore	EATH		9c. COUN	TY OF DEATH	
	Maryland	4	Apt. I	Itim	Ofe			100 CITIT		INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	2803 Winds	SOF AV	e.	13. WAS 0E0	1216 ENDENT OF HISPA	NIC ORIGI	N7 (Specify Ver	US	SA	merican Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		If yes, sp	ecify Cuban, Mexico 2 NO Speci	en, Puerlo	Ricen, etc.)		Black, Wh	cK
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEDENT'S U	ork done during mo	ON st of working	161	b. KIND OF BUS	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	Co (1-4 or 5+)	Labo	rer			Jani	tor	ial	
BE	Walter 5	men	40h MAH INC	ACCREC (C)	Rose	Ha	Mi	dal	etor	1
5	Paula Mide	lleton	2803	3 Wi	nd Number or Rurel	Floute Num	ve. 4	Ba	Ho.	14.21216
	1 Buriel 2 Cremation 3 Remd 4 Donation 5 Other (Specify) 21. Signature of Function		20b. PLACE ANODATE Company Acres 100	ern	Star	1/201	95 Bo	alto.	Co.	Md.
	Doseph	L. Ri	ISS	3050	DADORESS OF E	USS	Fune Ave 1	rall Balt	tome Mol	21216
	23. PATTI. Enter the lineases, or of shock, or heart fellure.	omplications that ca	used the deeth. Do no	ot enter the mo	de of dying, aud	h aa can	dlec or respi	ratory arre	st,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE ALC	OHOL INTOXICA							Interval Between Onset and Death
2	DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
AL CE	PART II. Other algnificent condition	a contributing to dea	th but not resulting in	the underlying	ceuse given in	Part I.	24s. WAS AN	AUTOPSY	24b, WER	E AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFORMED?			OF E	ABLE PRIOR TO PLETION OF CAUSE EATH?
2	DID TOBACCO USE CONTR	RIBUTE TO CAUS	E OF DEATH YES	□ NO □	UNCERTAIL	N 🗆			128	YES 2   NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH							
YSI	1 DYES 2 NO	1 Inpetient 2 ER/	Outpetient 3 DOA	OTHER:        Nursing Hom	5 Residence	6X Othe	or (Specify) a	t sc	ene	
표	27. MANNER OF OEATH  1 Natural 5 Pending	26a. OATE OF INJU (Month, Day, Ye	ear) INJU	RY WO	RK?		SCRIBE HOW IF			
ВУ	2 Accident Investigation	1/14/95 / 28e. PLACE OF INJ	JURY At home, farm, str		ES 2XX NO					beverages
ETED	4 Homicide determined	Private	dwelling				ATION (Street a or Town, State) Baltimor			Ave.
COMPLETED	(Check only		nowledge, death occurred							manner sa stated.
BE	296, SIGNATURE OF CENTIFIER 29c, LICENSE NUMBER							29d. DATE	SIGNED (Mon	th, Day, Year)
<u>P</u>	SO, NAME AND ADDRESS OF THE OWN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						J	an 1	5 1995	
	MADIXE	Me	111 P	1003	reet, E	Balt	imore			d 21201
	JAN 1 8 1995 Ju	by Davidson	SIGNATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

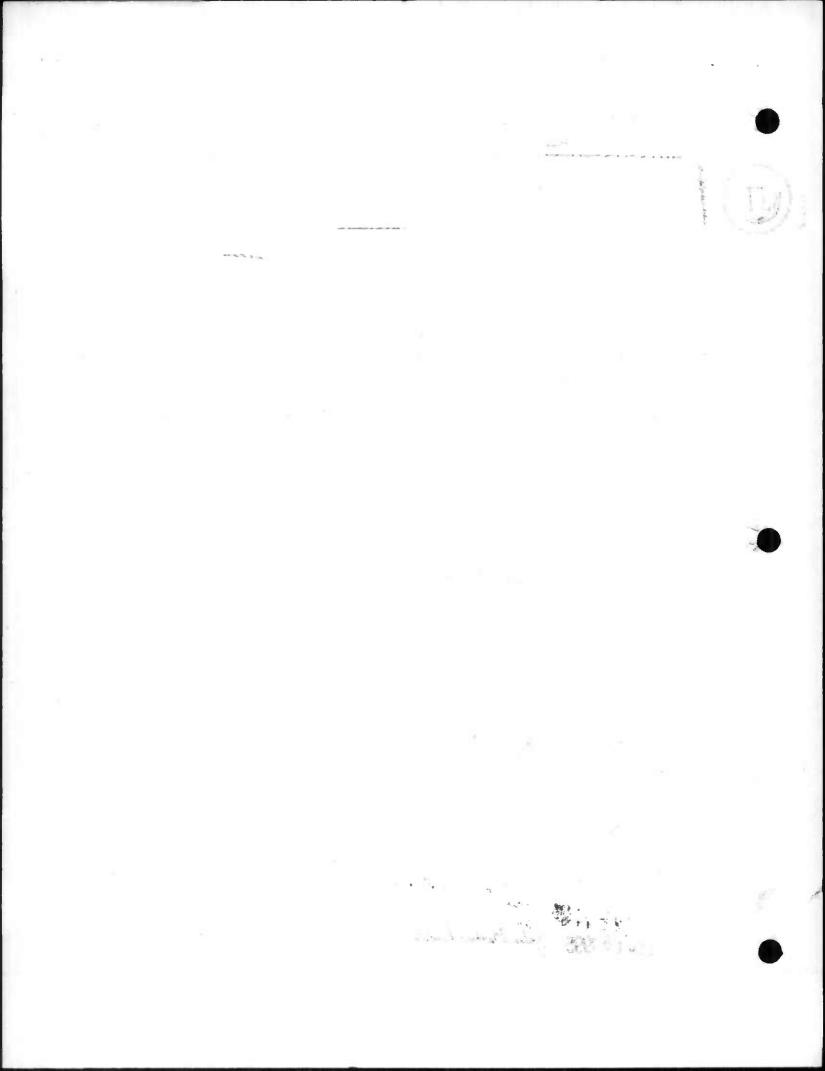


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	tal Hygiene prior to burial, cremation,	4
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3	state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ten 22 chaus one interes or other trained to made the median arounders and the median of another
2	ate	8
3	13	2

	ITEMS: 4.10c,10f, PER F	.H. FILM G-719 1/1	8/95 t.	t			95	00974		
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY 219-22-6229	Metarland	AKA Mo	SIBIL I	ORAIN	2. DATE OF DEATH	MY Q'	S 42 M M		
4	405-03-2137	-1□M2×F 71	YRS.	MONTHS DAYS	HOURS MIN.	Oct. 15,	1923	BIRTHPLACE (Stall or Foreign Country) W. Virginia		
1	University of Md.	99. FACILITY NAME (If not institution, give street and number) University of Md. Medical System				Baltimore City				
Diffects	Maryland NA	10s. STATE 10b. COUNTY 10c. CITY,					s Bay)	10d. INSIDE CITY LIMITS?  XX YES 2 \( \text{NO} \) NO		
FUNERAL	1526 Church St	Ī.,		11	21226 -2	1225	10g. CITIZEN USA	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 X IF YES, GIVE WAR OR DATES	ARMED X40	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade	Completed) (	Give kind of wife. Do NOT usi	usual occupat rork done during me retired.)  d Binde	ost of working	16b. KIND OF BU		TRY		
_	17. FATHER'S NAME (First, Middle, Last)  Jesse Lee Hornbe		COTTCC	2 Dilliac		ME (First, Middle, Maiden	Sumame)	nmons		
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. James McFarla	and	96. MAILING 2910	ADDRESS (Street Dungat	e Rd.,	Pasadena,	Md. Zip Co.	Ĭ122		
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	val from State 20b. PLACE	EANDDATEO	FDISPOSITION (A	n. Cem. 1			y or Town, State V. Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Kevin E. E	cker	McCi	ing ADDRESS OF FA Illy Fune E. Patap	eral Home o	of Broo Balto.	oklyn . Md. 21225		
	23. PART I. Enter the diseases, or contained the second time. Limited the second time is a second time. It is a second time is a second time. It is a second time is a second time.	omplications that caused the clist only one cause on each lin	Hea	ot enter tha m	ode of dying, suc	has cardiec or reap	iratory arreat	t, Approximate Interval Between Onset and Death		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF	):						
MEDICAL (	PART II. Other algorificant conditions	contributing to death but not	reaulting is	n the underlyin	ng cause given in	PERFO		24b. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 PNO		
AN: N	DID TOBACCO USE CONTR			S NO [		N D		1 123 2 12 110		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Sinpatient 2 ER/Outpatient		OTHER:	ne 5 🗆 Reeldence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED		
ETED I	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, si	treet, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,		
COMPLE		IAN: To the best of my knowledge, d						ause(e) and menner se stated,		
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Ardaiz	W. J.	PAS	29c. LICENSE NUI	ABER	29d. DATE SI	IGNED (Month, Day, Year)		

IAN 1 8 1995

DHMH-16 Rev 1/89

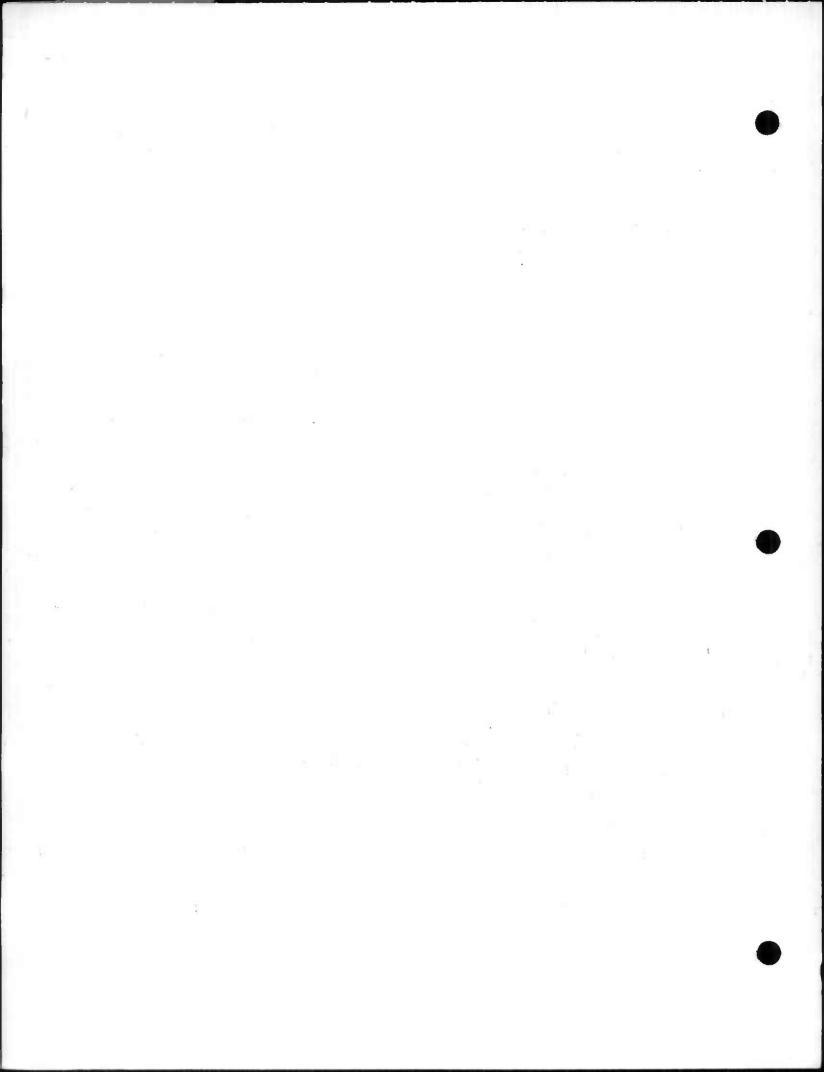


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DIVISION	

BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he is been, of Health and Mental Hyglene prior to burial, cremation, or removal.	lical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	D TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT	OF I	IEALTH DE A	AND	MENTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH			3. TIME OF OEATH
Goldie E.Marsingil	.1						January	13 19	995	04:27 Am
040 00 0440		yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Ybar)			IPLACE (State or Foreign
	□ M 2XXF 79	YRS.	MONTHS	DAYS	HOURS	MIN.	July 19,	1915		yland
9a. FACILITY NAME (If not institution, give street	,	tion			Burn		EATH	9c. COUN		Arundel
North Arundel Hospi	Ital ASSUCIA	1011	G.	ren	burn	re		AI	me	Arunder
10a. STATE 10b. COUNTY		10c. CITY	, TOWN O	R LOCAT	TION			-		10d. INSIDE CITY
Maryland Anne	Arundel		Glen	Bur	mie					LIMITS?
100. STREET AND NUMBER 427 Brooks Cour	ct			101	. ZIP CODI		)60	10g. CITIZ	USA	WHAT COUNTRY?
11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED	13. V	WAS DEC	ENDENT O	OF HISPA	NIC ORIGIN? (Specify )	es or No—	14. RACI	E — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 KINO TES	- 11	yes, sp	ecify Cuba 2 X NO	m, Maxic	en, Puerto Rican, etc.)		Spec	k, White, etc.
										White
15. DECEDENT'S EOUCATI (Specify only highest grade com	pleted)	(Give kind of w life. Do NOT use	ork done d	CUPATIO	ON ast of workin	ng	16b. KIND OF B	USINESS/INDU	JSTRY	
Elementary/Secondary (0-12) c	oflege (1-4 or 8 +)	Homer		r			Hous	ewife	& M	other
17. FATHER'S NAME (First, Middle, Last)					18. MOTE	HER'S NA	AME (First, Middle, Maide	o Sumama)		
Lloyd	Jackson					aral		,		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Number, City or To	wn, State, Zip i	Code)	
Mr. Ralph M. Marsi		427 1	Brool	ks (	Court	, G	len Burnie	, Md.	21	.060
20s. METHOD OF DISPOSITION 1-1 Buriel 2 Cremation 3 Removal	from State 20b.1	PLACE AND DATE Of		TION /Na	me of		DATE 20c. L	OCATION - C	ty or To	wn, State
4 Donation 5 Other (Specify)	Ce	edar Hil	1 Cer					ltimor	ce,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	Kevin E	. Ecker	22. M	cCu]	D ADORES	une:	ral Home o	f Pasa	aden	ıa
- Jun 22			3:	204	Moun	ntain	n Rd., Pas	adena	, Mo	
23. PART L unter the diseases, or com shock, or heart fellure. List	plications that caused only one cause on sa	the deeth. Do no	ot enter	tha mo	de of dyl	ng, suc	h as cardiec or res	piratory arre	st,	Approximate interval Between
IMMEDIATE CAUSE (Finel	1				Λ					Onset and Death
disease or condition resulting in death)	acute m	240 Car	digl	125	TARK	5773	n			immediate
	0 0		2		- 1					
Sequentially list conditions, b	DUE TO (OR AS A		rtel	24	C/:	Seas	<b>E</b>			yeans
if any, leading to immediate cause. Enter UNDERLYING	~ 11			1						140010
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF								196015
resulting in death) LAST										
PART II. Other significent conditions co	ontributing to death bu	t not resulting is	the un	doelydae		duna la	Post i as unos			
<u> </u>	onthibuting to death bu	t not teadified it	i the unc	seriying	reuse g	iven in	D.C. D.C.	N AUTOPSY PRMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 TYES	2 NO		OF DEATH?
DID TOBACCO USE CONTRIB	LITE TO CAUSE OF	DEATH VE	i I N	10 [	LINC	EDTAI				1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH			UNC	ERTAI	и Ц ]			
EXAMINER?  1 VES 2 NO 1	OSPITAL: Inpetient 2 A ER/Outpet	-00	OTHER	:		eldanos	6 Other (Specify)			
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF :	28c. INJ	URY AT	sidence	28d. DESCRIBE HOW	INJURY OCCU	JRED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	NUU	M		RK7 'ES 2 [	NO				12
3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specifi	- At home, ferm, st	reet, facto	ry, offici			28f. LOCATION (Street		r Rural F	loute Number,
4 Homicide determined							City or Town, State	,		
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	dge, death occurred	at the tin	ne, date	end place,	and dua	to the cause(a) and m	nner as state:	d.	
one) 2 MEDICAL EXAMINER: O										and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	,			T	29c. LICE	NSE NUI	MBER	29d. DATE	SIGNEO	(Month, Day, Year)
808 X		277						<b>•</b>		
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	H (ITEM 27) (Type, I	Print)		11	D	-i- MD 04	004		
	Oak Wood Ro		e 300	υ, (	ren	BULI	nie, MD 21	061	_	
JAN 1 8 1995	22. REGISTRAS'S SIGNAT	ardalle								



DIRE( TO THE HOSPITAL D TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If ite

29b. SIGNATURE AND THE OF CERTIFIER

SANG C.

31. DATE FILEO (Month, Day, Yeer)

DOH

8 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BE

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SOUND VITAL RECORDS, F.O. BOX 60/50, BALLIMORE, MARTLAND 21215-0020	
ITTENDING PHYSICIAM: The law requires that the death certificate be executed within performs after death. Page 6 may be retained by the hospital or attending physician.	
JUDS: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Deut, of Health and Mental Hydiele order to burial. Cremarion, or removal	
28 is marked at item 23 shave any injury or other parmatic event the medical exemines must be matted at more	

95 00976 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 95 YEAR p OI JOSEPH O ROURKE Ε. 17 5:48 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 06 DAYS HOURS MIN. 050 216-03-3390 1 X M 2 - F 79 MARYLAND VRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 XNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 527 SHORT CURVE ROAD U.S.A. 21061 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian. Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done during milife. Do NOT use retired.) ntery/Secondary (0-12) College (1-4 or 5+) SALESMAN RETAIL SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) O'ROURKE JOHN J. JOSEPHINE L. BROWN BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 CORNELIA O ROURKE 527 SHORT CURVE Rd-GLEN BURNIE, MD. 21061 20e. METHOO OF DISPOSITION
1 | Burlel 2 (XCremetlon, 3 | Removal from Stata
4 | Donetlon 5 | Other floority) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State METRO CREMATORY, INC. 1/18 CATONSVILLE, MD. 21. SIGNATURE OF PUNEMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C 426 CRAIN FUNERAL HOME 2106.W.GLEN BURNIE, MD. 21061 FINK HWY.S 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellule. List only one cause on sech line. Approximete List only one cause on sech line. Intervel Batwe IMMEDIATE CAUSE (Final Onsat and Death disease or condition toute esp. VNO resulting in death) DUE TO (OR AS A CONSEQUENCE OF): lan anythm in CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING vomam CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO PERFORMED: 1 TYES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, term, streat, fectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

> M.D. 1600 CRAIN HWY.S.W. #206-GLEN BURNIE, MD.

29c. LICENSE NUMBER

D19512

29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an area from feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

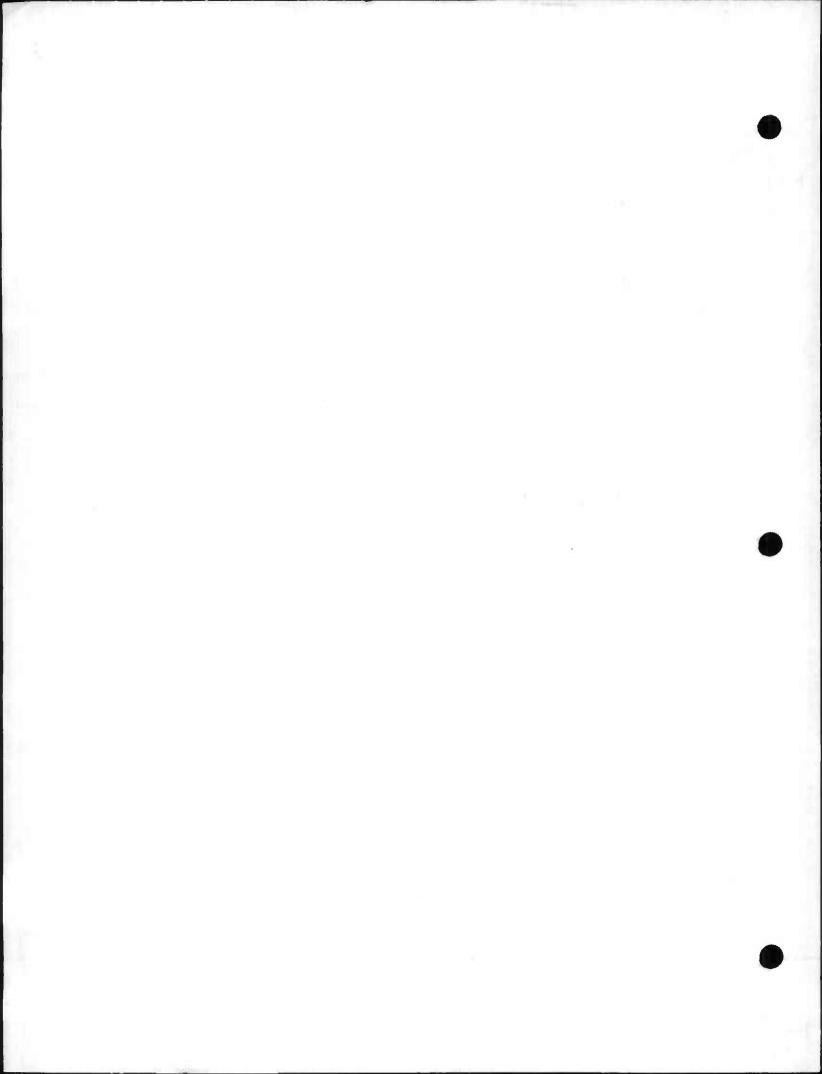
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ADORACION			PAU	LINO			2. DATE OF MONTH	DEATH IN 17	<b>"</b> 1 996	YEAR	3. TIME OF DEATH 8:10 am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		A BIRTH	IPLACE (State or Foreign
	216-40-1325	1 🗌 M 2 🖄 F	69	YRS.	MONTHS	DAYS	HOURS MIN.	May 2	ey, Year)	925	Countr	lippines
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, T	OWN O	R LOCATION OF D	EATH		9c. COU	INTY OF D	
TOR	Saint Joseph Hospi	tal			Т	OW	on, Mary	rland			Baltin	nore
E C	100. STATE 10b. COUNTY			10c CIT	Y, TOWN OR	LOCAT	ION					
E I	Maryland Balti	more		163	vson						ľ	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ĀNO
إر	10a. STREET AND NUMBER			1 10.	VOOII	101.	ZIP CODE			10a CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	1203 Brook Meado	ow Dr.				25.0	21286				S.A.	THE COUNTRY
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S.	ARMED	13. WA	S DECI	ENDENT OF HISPA	NIC ORIGIN? (	Specify Yes	or No-	14. RACE	— American Indien,
ВУ	1 Never Married 2 🗵 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W					city Cuban, Mexico		in, etc.)		Speci	
	3 Widowed 4 Divorced							•				Lippine
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	16a.	DECEDENT'S	USUAL OCC			16b, KI	ND OF BUS	SINESS/IN		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+	)	life. Do NOT us	e retired.)	my mos	it of working					
d l		5 + yrs		Physic	cian			M	ledic	ine		
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mide	lie, Maiden	Surneme)		
	Jose	deBorja				- 1	Socor	i		Santo	0s	
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street ar	nd Number or Rural	Route Number				
임	Pedro P. Paulino	M.D.					eadow Dr					
	20e. METHOD OF DISPOSITION		20h BLA	CE AND DATE				DATE	_		City or To	
	1 Donation 5 Donation 3 Remo	ombmen+	cemetery.	crematory or o	thar place)		THE OF	1				
	21. SIGNATURE OF FUNERAL SERVICE LICE		Dui	aney \			D ADDRESS OF FA	1-20	Til	moni	um, M	ld.
	11/1	//	//				lowson F		Home	a Tr	20	
_	Ma	1	1	2200	105	0 Y	ork Rd.	Towso	n, Mo	d. 21	1204	
	23. PART I. Enter the diseases, or conshock, or heart fallure. L	omplications that	caused the	death. Do r	ot enter th	e mod	le of dying, suc	h as cardiac	or respi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final	ist only one ceu	se on eech i	iine.								Onset and Death
	disease or condition		TOOV C	AR LIDE								2MOS
	resulting in death)	RESPIRA DUE TO		ISEQUENCE OF	F):							ZMOS
z		METAST	ATIC O	VARIAN	CANC							VEAD
ੁ	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CON	SEQUENCE OF	):							YEAR
CERTIFICATION	cause. Enter UNDERLYING											
Ē	CAUSE (Diseese or Injury that initiated events		OR AS A CON	SEQUENCE OF	7:							
뒫	resulting in death) LAST											
2		•										
¥	PART ii. Other significant conditions	contributing to	deeth but no	ot reaulting i	n the unde	rlying	cause given in	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
EDICAL								1	YES 2	-		COMPLETION OF CAUSE OF DEATH?
									_ /	and a		1 TYES 2 NO
<u>.</u>	DID TOBACCO USE CONTR	IBUTE TO CAL	USE OF D	EATH YE	S $\square$ NO	ОП	UNCERTAI	N []				10 120 174
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER?  1 YES 2 YNO  HOSPITAL:  1 Inpetient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)											
<u> </u>	27. MANNER OF DEATH	28e. DATE OF		28b, TIM		c. INJU		28d, DESCRI		RIEV OC	CHREO	
	Natural 5 Pending	(Month, Da			URY	WOF	ES 2 NO	ZOU. DESCRI	BE NOW IF	WONT OC	CONEO	
à	2 Accident Investigation	28e. PLACE OF	IN RIDY As	home form				201 1 0 0 1 7 1				
	3 Suicide 6 Could not be 4 Homicide determined	building, a	ntc. (Specify)	nome, tenta, a	treet, factory.	, ornce		281. LOCATIO	own, Stete)	nd Number	r or Rumil Fi	oute Number,
릴	(Check only 1 CERTIFYING PHYSIC											
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basis of ex	emination end/	or investigation	n, in my opin	lon, de	ath occured at the	time, date end	place, end	d due to It	ne ceuse(e)	end manner se stated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIER	0 11	11				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
m	/	Yaul a	long 1	hO			D165			•	1/1.	2/0/
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (	TEM 27) (Type.	Print)		2183	- /			117	7/10
	PAUL CHANG, M.D.					ALT	MORE, M	D. 2123	9			
H	31. DATE FILED (Month, Day, Year)	32. REGISTRAF										
	JAN 1 8 1995 Jul	in ducker										
. 10	DAN I CICIO YW	and an amountable	WHITE BELLE									



BALTIMORE, MARYLAND 21215-0020	ICAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE PLACET OFFICIAL After this certificate has been signed by the attending physician and completely filled in by the terminal physician and completely filled in by the terminal physician prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	ATE OF MARY	LAND /	DEPAR	TMENT O	F HE	ALTH DEAT	AND N	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH POWE)	Л.							MACANTEN	OF DEATH	3, 199	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SE		E (In yrs. Ins	t birthday)	IF UNDER 1 YE	AR I	IF UNDER	24 HRS.	7. DATE C				PLACE (State or Foreign
	240-12-4446	M 2 🗍 F	77	YRS.	MONTHS D	WS H	HOUME	MIN.	(Month,	14-19	1	Country	
1	9a. FACILITY NAME (If not institution, give street and	i number)			9b. CITY, TO	WN OR	LOCATIO	ON OF DE		1. 13	9c. COUNT		
DIRECTOR	17 N. Kossuth Str	eet				В	alti	imor	e				
RE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATIO	N						10d. INSIDE CITY LIMITS?
	Md.					Ba	alti	imor	e				OC YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER					10f. Z	IP CODE				10g. CITIZE	N OF W	HAT COUNTRY?
Ä	17 N. Kossuth Str						21	1229				U:	SA
	11. MARITAL STATUS  1 Never Married 2 Married	AS DECEDENT EVER PRCES? 1 YE	S 2	MED ID	13. WAS	DECEN	DENT O	F HISPAN	IC ORIGIN	(Specify Yes	or No- 1	4. RACE Black	- American Indian, White, etc.
B	3 ₩ Widowed 4 □ Divorced	YES, GIVE WAR OR	DATES					Specify		, , ,			» Black
0	16. DECEDENT'S EDUCATION		16a. DE	CEDENT'S	USUAL OCCU	PATION			140	KIND OF BILL	SINESS/INDU	PTOW	
	(Specify only highest grade comple		(G		work done durin		of working	g	100.	KIND OF BU	SINESS/INDU	DINY	
15	12th	ge (1-4 or 5+)		13	aborer					Gas	2 Flo	ctri	ic Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)				abor Cr		8. MOTH	ER'S NAM	ME (First, M	iddle, Malden		CUI	ic co.
BE C	Tom Powell						Edr	na ?					
	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS (St	reet and			loute Numb	er, City or Tow	n, State, Zip C	ode)	
2	Barbara Powell			1234	3 Bonc	res	t Dr	r. Re	eiste	rstow	n. Md	. 21	1136
	20a. METHOD OF DISPOSITION		0b. PLACE	AND DATE	OF DISPOSITIO	N (Name	ol		DATE		CATION — CI		
	1 M Burial 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	em Starts	emetery, cre	Memo:	rial P	ark		1/20	0/95	Ran	dalls	towr	n. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	~	12			-		S OF FAC	YTUK				
	17826	3 ( 40	(_			02 1							ervice Md. 21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEC	QUENCE O	F): F):	47 6		CA	NCE	R			Interval Between Onset and Death
ᇤ	resulting in death) LAST								_				
MEDICAL	PART II. Other algnificant conditions conf	in the under	lying c	ause g	iven in I	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
I K	25. WAS CASE REFERRED TO MEDICAL.					6. PLAC	E OF DE	EATH (Che	ck only one	)		_	
Sic	nos	PITAL:	rtpatient 3	□ DOA	OTHER:	Home	5 Res	sidence (	6 🗆 Other	(Specify)			
PHYSICIAN:		8e. DATE OF INJURY (Month, Day, Year)	Y	26b. TIM		, INJUR	Y AT				NJURY OCCU	RED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(monny way, rous)					2 🗌	но					
8		8e. PLACE OF INJUI building, etc. (Sp	RY — At ho pecify)	me, term, a	street, factory,	office			261. LOCA City o	TION (Street a r Town, State)	and Number or	Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T.	the best of my kno	wiedge, de	eth occum	ed at the time,	dats an	d place,	and due t	to the caus	e(s) and mar	mer as stated		
O.	one) 2 MEDICAL EXAMINER: On to												and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER					21	9c. LICE	NSE NUM	BER		29d. DATE S	SIGNED	(Month, Day, Year)
0	Tomiles mo						D	302	72	_	•	1/19	1/95
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF D	DEATH (ITE	M 27) (Type,	Print)						7	1.1	
		MINEY		70	v U	MS	Hin	16.70	N B	BLUD	BATT	0	OEEIZ ON
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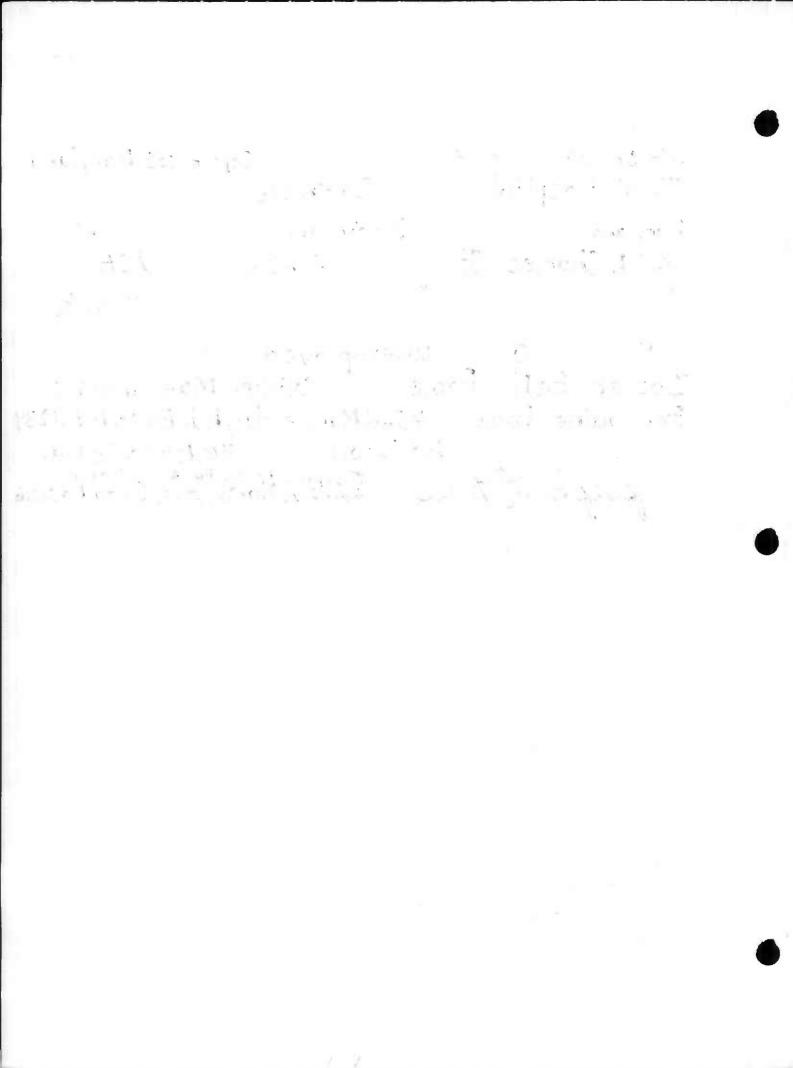
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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First, Middle, Lest)	
	2. DATE OF DEATH MONTH DAY YEAR JAN 15 95 2. THE OF JAN 15 95 2. THE OF JAN 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Z
	4. SOCIAL BECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) # UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTY B. BIRTYPLACE (State Of St	-
	99 FACILITY NAME (If not institution, give street and number)  99 COUNTY OF DEATH	24
OB	Sinai Hospital Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT  100, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE	
- 1		2 🗌
FUNERAL	1821 N.Charles St. 21202 109. CITIZEN OF WHAT COUNT	'AY?
FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American 14. RACE — American 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American 16. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, atc.)	n India
B	3 Widowed 4 Divorced IF YES, OIVE WAR OR DATES 1 YES 2 10 NO Specify:	7
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  18b. KIND OF BUSINESS/INDUSTRY	
	Elementary/Secondary (0-12)  College (1-4 or 5+)  Unemployed	
COMPL	17. FATHER'S NAME (First, Middle, Leas)	
H	DOZIER DEL POOL Wille Mae Green  180. IMFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number of Burel-Route Number City of Town, State, Zip Gode)	<u>e</u>
2	Bernadine Poole 4522 Markle, Hall Rd. Balto. Md.	2/
	20e. METNOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of comments of translate translation)  20c. LOCATION — City or Town, State	
	4 Donation 6 Other (Specify) 12795 SQ TO 100 V	a
	Joseph Likuss Funeral Home	10
ヿ	23. PARTY Enter the deases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, Approx	oximi
	IMMEDIATE CAUSE (Final	val Be
	disease or condition resulting in desth)  a.     PNEUMONIA	W
2	HIV	SAC
2	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	271
2	CAUSE (Disease or injury CAUSE (Disease or injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	reaulting in death) LAST	
CAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPS	PSY FII
2	PERFORMED? AMAILABLE PO 1 U YES 2 NO COMPLETION OF DEATH?	
MEDI	1 YES 2	2 🗆 N
HYSICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  OTHER:  4 Nursing Nome 5 Residence 6 Other (Specify)	_
H	27. MANNER OF DEATN 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED	
N	1 Netural 5 Pending 2 Accident Investigation 2 Replace OF IN HIPPY	
6	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
7	29e. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.	
COMP	one) 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end manner	oo st
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,	Year)
2	MD AS 2402321 ES9847 1/15/9	3
	ERIC D. SKOLVICK SINAI HOSPITAL OF BALT	
	31. DATE FILED (Month, Day, Year) / 1 32AREGISTRAR'S #TGNATURE	
W	JAN 1 8 1995 July Davidson Randell	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

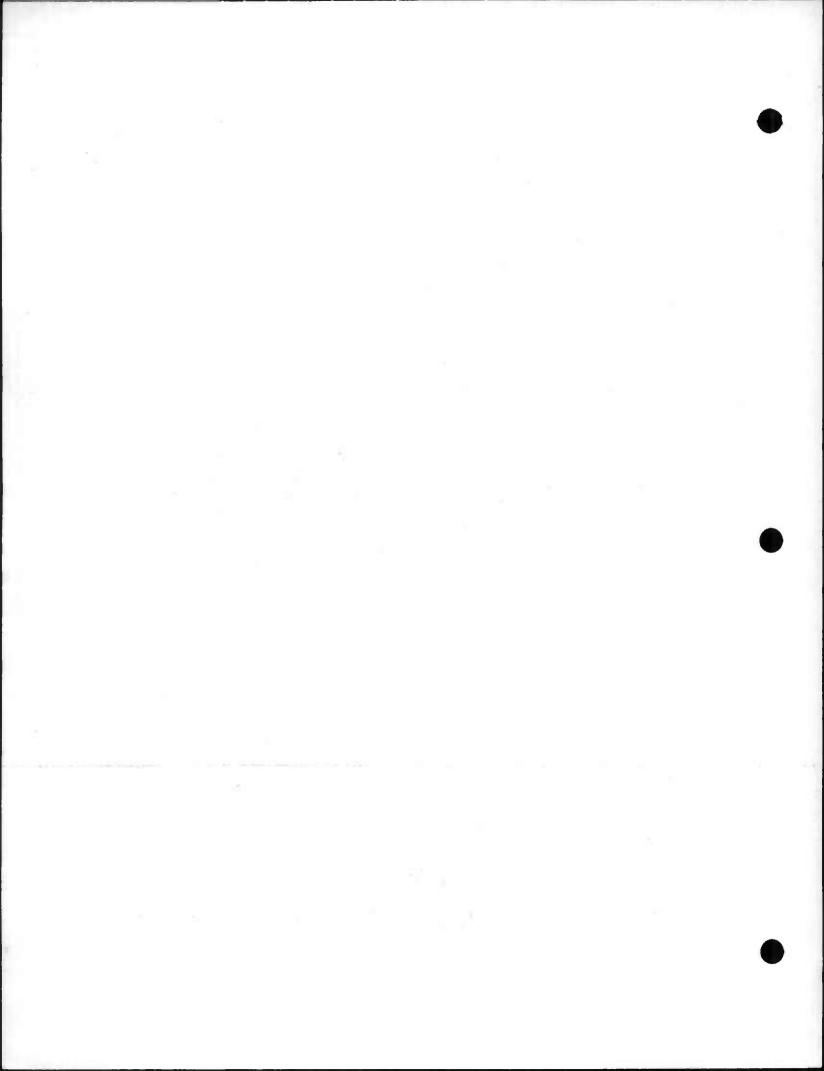
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hyghere prior to removal, or removal and approximately an analysis of the provided of pages. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. N	10.				
	1. OECEOENT'S NAME (First, Middle, Last)			2. DATE OF OEATH		3. TIME OF DEATH			
	MINNIE PER	KINS		MONTH T 3 N T 1	DAY YEAR	2106 54			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24	JAN . ]	-6	2106 PM			
	218-18-2826 10H2XF	74 YRS.		am. (Month, Day, Year)	Cour	HPLACE (State or Foreign			
1		17 THS.			20	rA,			
_	9s. FACILITY NAME (If not institution, give street and number)		96, CITY, TOWN OR LOCATION		9c. COUNTY OF	OEATH			
DIRECTOR	1126 McKEAN AVENUE		BALTIMORE (	CITY	4	SA			
15	RESIDENCE OF DECEDENT					4.7			
1 2	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION	4. 1		10d, INSIDE CITY LIMITS?			
	14/4		AltIMORE	. Mol.		1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER		101, ZIP CODE		10g, CITIZEN OF	WHAT COUNTRY?			
8	1126 MCKEAN AVE	-	-21	017	1	101			
Z		T EVER IN II C ARMED	X /	$\propto 1/$	4	217			
	1 Never Married 2 Married FORCES? 1	S DECEDENT EVER IN U.S. ARMED  13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—  14. RACE — American Indian Rices?  1 Yes 2 No  14. RACE — American Indian Black, White, atc.							
B	3 Wildowed 4 Divorced IF YES, GIVE W	AR OR DATES	1 TYES 2 NO	Specify:	Spe	CHY: Blank			
	15. DECEDENT'S EDUCATION					DIACK			
1 2	(Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION work done during most of working	16b, KIND OF E	BUSINESS/INDUSTRY				
4	Elementary/Secondary (0-12) College (1-4 or 5 -		- 1						
8 8		Dame	STIC WORK	SER					
COMPLETED	17. FATHER'S NAME (First, Middle, Leet)	11	16. MOTHER	'S NAME (First, Middle, Meid	en Sumame)				
BE	ALTRED COLLEY	GLAIG	1/0/	IDA PA	LhERNE	Talfusant			
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or	Bural Bouta Number City or 3	inum State 7 in Codel	COMYSCA			
2	EMMA PERKINS	1121	No 1/- 1	1 - 1	/ State, 2p 000e)	11 01217			
8	20e. METHOD OF DISPOSITION	110-6		AVE. DALT	-Imere, h	10,21011			
5	12 Buriel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE cemetery, crematory or o	OF DISPOSITION (Name of ther place)	OATE 200.1	LOCATION - City or T	4 1 //			
	4 Donation 5 Other (Specify)		19/1, 210X	1/18/21	andsdou	UNE, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS	OF FACILITY HE 19hit	Le CVE				
	1 / Lewisk C	Janes	4611 FAR	K Haidul	3 7712				
-	OR DANTE SALES IN	1,0	10Altimo	RE, Md.	21215				
	23. PART i. Enter the diseases, or complications that shock, or heart fallure. List only one cau	Caused the death. Do i	not enter the mode of dying	such as cardiac or res	piratory arrest,	Approximate			
	IMMEDIATE CAUSE (Finsi	A	A 1	1.		Interval Between Onset and Death			
	disease or condition	nexue.	thteristile	notic					
	resulting in death) a. XX Due To	(OB-AS-A CONSEQUENCE O	F): 4	1					
		( whiny	ocido-	1117800	0	i i			
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions,  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (OR AS A CONSCOURNCE OF):								
F	if any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or Injury \$ c.								
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
E E	d								
i I .	PART ii. Other significant conditions contributing to	death but not requiting	in the underlying acres also	a to Don to Law was					
EDICAL	TATE II. Other agranicant conditions contributing to	death but not resulting	in the underlying cause give		N AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
				1 _ YES	2 NO	OF DEATH?			
Æ						1   YES 2   NO			
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH YE	S I NO I UNCER	TAIN 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEA		173111					
5	EXAMINER?  1X VES 2 NO 1 Incontent 2		OTHER.						
§   ≥		ER/Outpatient 3 DOA	4 Nursing Home 5X Resid						
7	(Month, Da		E OF 28c. INJURY AT WORK?	26d. DESCRIBE HOV	INJURY OCCURED				
B	1/D Natural 5 Pending		M 1 YES 2 N	0		4			
		F INJURY — At home, ferm, etc. (Specify)	street, fectory, office	28f. LOCATION (Street	t and Number or Rural	Route Number,			
	4 Homicide determined	are. (upoury)		City or Town, Sta	10)				
COMPLETED	29a. CERTIFIER								
N N	(Check only 1 CERTIFYING PHYSICIAN: To the beat of								
Ö	2 MEDICAL EXAMINER: On the biss of ex	amination and/or investigation	n, in my opinion, death occured	it the time, date end place,	end due to the cause(	e) end manner as stated.			
	29L/SIGNATURE AND TITLE OF CENTIFIER	0 1.1	29c. LICENS	NUMBER	29d. DATE SIGNE	O (Month, Day, Year)			
BE	1/ Ann (D	(M)		.M.E	▶JAN.	100000000000000000000000000000000000000			
유	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	F OF DEATH (ITEM 27) (5		, . 1 <sup>1</sup> 1 . E <sub>1</sub>	J J AN .	13,1995			
	JIARON LOCKE M								
	STATE COLLE, YV	111 Per	nn Street, E	Baltimore,	Maryla	nd 21201			
	IN 1 8 1045 Julian								
1	MILT O 1990 ()								



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VITAL RECORDS, P.O. BOX 68760,	an equipme that the death eartificate he executed within front and death Board & may be executed by the first the second of the
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<b>DIVISION OF VIT</b>	AND STITEMENT OF

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

									95	0	0981
FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPART					YGIEN	E		
1. DECEOENT'S NAME (First, Middle, Last) NORMAN		A			PARI	Sr.		DEATH	199	9 BEAR	3. TIME OF OEATH 2:06 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. le		IF UNDER 1 YEA	_						
215-28-9773	f∑ M 2 □ F	63	_	ONTHS DAY		MIN.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign (Country) Maryland				(v)
9e. FACILITY NAME (If not institution, give str	reet end number)			96. CITY, TOW	N OR LOCAT	ON OF O			9c. COL	JNTY OF D	
	1000 KEMBO ROAD					ASADEANA ANNE ARUNDEL					RUNDEL
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					1	10d, INSIDE CITY
Maryland			Bal-	to.Ci	ty, M	d.					LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	T	10f. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?			
	arney S					1230				ited	States
11. MARITAL STATUS  1 Never Married 2 Ty Married	12. WAS DECEDEN	YES 2		13. WAS (	Specify Cubi	OF HISPAN	NIC ORIGIN? (S	pecify Yea	or No-	14. RACE Black	- American Indian, k, White, atc.
3 Widowed 4 Divorced	1954		55		ES 2 NO			,,,,,,,		Speci	"Y" White
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. D	ECEDENT'S U Give kind of wo	SUAL OCCUP	ATION most of worki	ng	16b. KIN	OF BUS	INESS/IN	DUSTRY	
8th.Grade	College (1-4 or 5	+)	ateri				1		د م م د		
17. FATHER'S NAME (First, Middle, Last)		1.7	u ceri	Lar II.			ME (First, Middl			t C	opper Co.
Wi1	liam V	I. Pai	rks							ngba	ar
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING A	DORESS (Stre	et and Numbe	or Rural I	Route Number, (	City or Town	n, State, Zi	p Gode)	
Mrs.Doris L.Pa	rks		17 W	.Barn	ey S	t.Ba	alto.	Md.	212	30	
20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo	val from State	annuature or	AND OATE OF				OATE			City or To	1100
4 Donation 5 Other (Specify)	ENSEE	Mead	dowri		Iem. P						Howard Co.
D 1/2 1	y 1/1	1									21230 E.Fort Ave
23. PART i. Enter the diseases, or co	omplications the	t seused the d	eeth. Do no								Approximata
ahock, or heert fellure. L	lat only one cau	ise on each lin	10.		,			0. 1000	atory at	rout,	Interval Between Onset and Death
	APTET	210804	POTIC	CA	RPIOI	MAG	WLAN.	DIS	JA S	DE	Onest and Death
resulting in destity		(OR AS A CONSE			, , ,		110	,	1011		
Sequentially liet conditions, if any, leading to immediate		(OR AS A CONSE	EQUENCE OF):								
ceuse. Enter UNDERLYING CAUSE (Disease or injury	•										
that initiated eventa	DUE TO	(OR AS A CONSE	EQUENCE OF):								
PART II. Other significent conditions	contributing to	daeth but not	resulting in	the underly	ing ceuse	given in	Pert i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
							_ 18	YES 2			COMPLETION OF CAUSE OF DEATH?
							_   ′				1 TYES 2 NO
DID TOBACCO USE CONTR	IBUTE TO CA					ERTAIN	1 D				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEATH	OTHER:			a.£3 an	M > =:			
27, MANNER OF OEATH	28a. DATE OF	INJURY	28b. TIME	OF 28c.	INJURY AT	REIGENCE	8 Other (Sp 28d, OESCRII			CURED	
1 Netural 5 Pending 2 Accident Investigation	(Month, E		IULNI	M 1	WORK? YES 2	NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm, str	eet, tectory, o	ffice		281. LOCATIO City or To	N (Street a wn, State)	nd Numbe	r or Rurel R	loute Number,
29e. CERTIFIER (Check only  The CERTIFYING PHYSIC  THE CERTIFYING PH							to the cause(s	) end man	ner as sta	ted,	

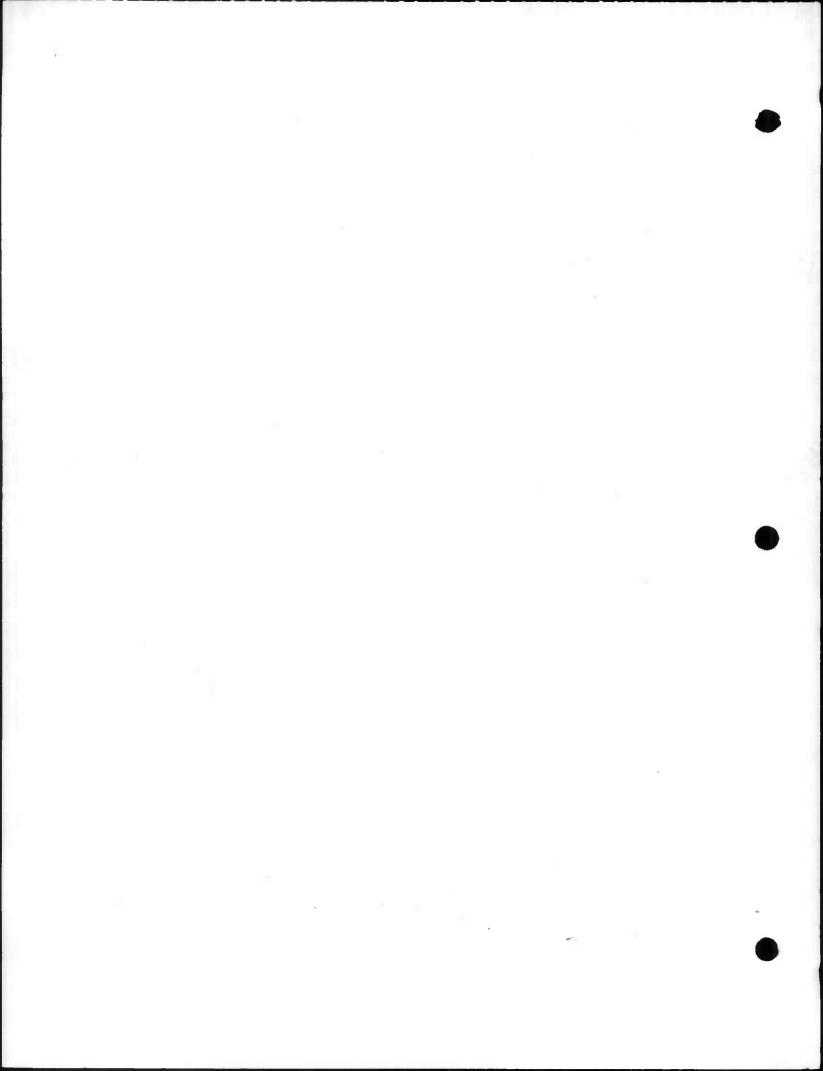
O.C.M.E.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION DAN. 16, 1995

111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (MONTH), Day.

JAN 1 8

29d. DATE SIGNED (Month, Day, Year) JAN.16,1995



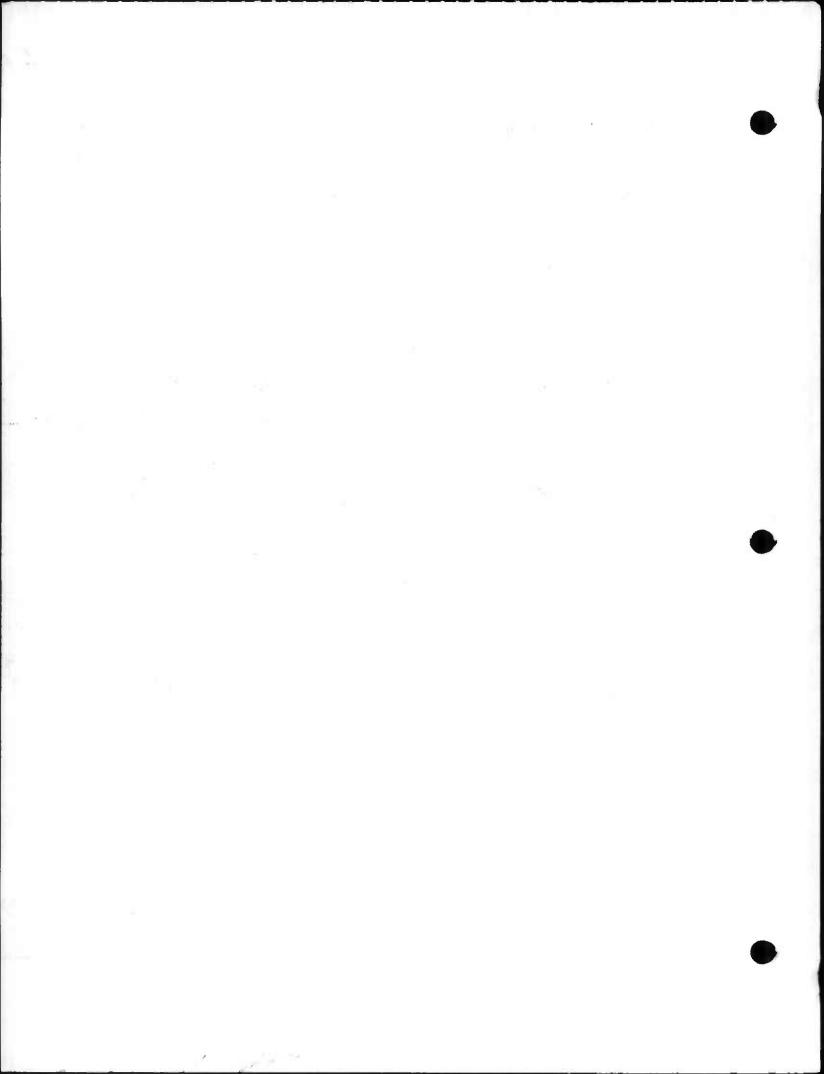
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES JEROME POTTER 01 95 6:20 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 - F YRS. 214-12-4286A 79 12-23-1915 MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 333 HARLEM LANE 21228 attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. WARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: BLACK BY 3 Widowed 4 Divorced the 38 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high Ш hospital or to. Elementary/Secondary (0-12) College (1-4 or 5+) COMPL MAINTANCE APT BUILDING detached once. 17. FATHER'S NAME (First, Middle, Last)
JAMES POTTER, SR. 18. MOTHER'S NAME (First, Middle, Malden Surname) LILLIAN BROWN-POTTER å TO page 5 should notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LILLIAN MITCHELL 3317 FIELDVIEW RD., BALTIMORE MARYLAND 21207 must be 20a. METHOO OF DISPOSITION
1V Burlel 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1V Buriel 2 Cremetion 3 4 4 Donation 5 Other (Specify) ARBUTUS MEMORIAL 11/10 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE ASSESSMEN injury, or other traumatic event, the medical examiner 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN COMMUNITY F/H Denun 1206 W. NORTH AVENUE BALTIMORE MARYLAND npletely filled in by the cremation, or removal. 23. PART I (Exer the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or haart failure. List only one ceuse on each line. Intervsi Between IMMEDIATE CAUSE (Finel **Onaat and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) physician and cor e prior to burial, CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury thet initiated events Fau the attending phy Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART ii. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by the control of Health and Seiznu AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? item 23 shows any 1 | YES 2 | 10 1 [] YES 2 [] NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN ificate has be. State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 YES 2 NO the marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with t 1 Netural 5 Pending 1 YES 2 NO BY death death 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 60 ETED 6 Could not be after 500 4 Homicide determined 1 If CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the films, date and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placs, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE D26256 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 0 Wi Baltimon St, Balti MO 21223 BICH DUONG IMP 1940 Tall 32 TEBELLER Partale



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ORE, 6 may be ctor, page		20a. METHOD OF DISPOSITION		LACE AND DATE	OF DISPOSITION (Na		DATE	20c. LOCATION —		
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hif 24 hours at tely filed in by nation, or temo t, the medica		23_PART 1. Enter the diseases, or spock, or heart failure.  IMMEDIATE CAUSE (Ethal disease or condition resulting in death)	List only one cause on acc	th line.	not enter the mo	de of dying, su	ch as cardie	21207	est,	Approximate interval Batween Onset and Death
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		STATE OF MAR			MENT OF H		MENTA	AL HYGIEN			
1. DECEDENT'S NAME (First,		B.		RAH.	1		2. DAT MON	E OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	1	□ M 2 🛛 F	SE (In yrs. las	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	12-	e of Birth oth, Day, Year) -6-07		Country	PLACE (State or Foreign YOTK
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100. STATE Maryland	10b. COUNTY Baltin	nore		100	OWN OR LOCAT	171.1					10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER 13801. York			<del></del>	L COCK		ZIP CODE				N OF WI	1 TES 2 NO
11. MARITAL STATUS  1 Never Married 2 3 X Widowed 4 Divo	Married 1:	2. WAS DECEDENT EVE FORCES? 1 1 YOU IF YES, GIVE WAR OF	ES 2 XN		13. WAS DEC	21030 ENDENT OF HISPAI Helty Cuben, Mexica 2 XNO Specifi	n, Puerto	IN? (Specify Yea Rican, etc.)	U.S or No — 1	4. RACE Black, Specify	- American Indian, White, etc.
(Specify only	EDENT'S EDUCAT highest grade cor	mpleted)	(G)		UAL OCCUPATION done during mo		16	b. KIND OF BUS	BINESS/INDU		ite
8 YYS 17. FATHER'S NAME (First, M		College (1-4 or 5+)		memake				Own He			
WILLIAM S.	HUME					18. MOTHER'S NA			Surneme)	McC.	ABE
Roger J. Ra			19t			ord Rd. (				,	028
20a. METHOD OF DISPOSITI 1 □ Buriel 2 ② Crematio 4 □ Donetion 5 □ Other	n 3 🗆 Ramova	I from State	cemetery, crei	ND DATE OF I	DISPOSITION (Na		DA	TE 20c. LO	CATION — CI	ty or Tow	
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE /	-		Ruck	Towson l York Rd.	ciuty Fune	ral Hor	me, In	ıc.	
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentisliy list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injust that initieted events resulting in death) LAS:	ona, diste	DUE TO OR A  DUE TO OR A  DUE TO OR A	S A CONSECUTION	DUENCE OF):				diec or respi	ratory erres	nt,	Approximate interval Between Onset and Dasth
PART II. Other algnifice								24s. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	OSPITAL:		E OF DEATH (	Check only one)	UNCERTAIN	N D				
1 TYES 2 NO 27. MANNER OF DEATH	1	Inpetient 2 ER/O  28e. DATE OF INJUF (Month, Day, Yee	ry		F 28c, INJ	S Rasidenca		er (Specify) SCRIBE HOW II	NJURY OCCU	RED	
2 Accident 3 Suicide 6	Pending nvestigation Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY — At hor		M 1 🗆 Y	ES 2 NO		CATION (Street a or Town, State)	and Number or	Rural Ro	ute Number,
		N: To the beat of my kn									and manner as stated.
296. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	OF CERTIFIER	2010 fels	10			29c. LICENSE NUI	WBER				Month, Day, Year)
POPER	46	16 BE P	FLD	1 27) (Typo, Pri		) York	e Ro	) Coc	es esu	1616	Md driso
31. DATE FILED (Month, Day, 1	41	32 REGISTRAR'S	BNATURE								

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95-010 B.K.S

ITEM: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/18/95 t.t ITEM: 1. PER F.H.

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FOR

	1 - STATE REGISTRAR	SINIE UF MAN		ICATE OF		MENTAL HYGIEN					
	Onlly 12	USUF ABDUL F	RAHIM			2. DATE OF OEATH	DAY	year 2002 P M			
	A 10 0 -	SEX 6. A	GE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-	B. BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street	73	96. CITY, TOWN	OR LOCATION OF E	09-2/-1		TY OF DEATH				
0 B	SINAI HOSPITAL	E.R.		BALTI	MORE C	TY					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
	KARGANO		R	ALTIM	ORE		17				
FUNERAL	3012 THORNO	LALE AU	II.	'	01. ZIP COOE	~	10g. CITIZ	EN OF WHAT COUNTRY?			
NO.	11. MARITAL STATUS 12	. WAS DECEDENT EVE	ER IN U.S. ARMED			NIC ORIGIN? (Specify Ye	s or No-	4. RACE — American Indian,			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? 1 YES, GIVE WAR OF			pecify Cuban, Maxic S 2 NO Speci	an, Puarto Rican, atc.) fly:		Black, White, atc. Specify: BLACK			
TED	15. DECEDENT'S EDUCATE (Specify only highest grade con	ON npleted)	16a. DECEDENT'S	work done during n		16b. KINO OF BU	ISINESS/INDU	STRY			
퓝	Elementary/Secondary (0-12)	college (1-4 or 5+)	iite. Do NOT u	uden	7						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	AAC L	VIFS		1	AME (First, Middle, Maiden	Sumpo /	nic e			
TO BE	19a. INFORMANT'S NAME (Type/Print)	11116	19b. MAILING	AODRESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zlp (	(Ode) 2/2/5			
F	KERWIN LYLES		3012	THORN	dale H	VE. BALT	Male	MARYLAND			
	20e. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from Stata	20b. PLACE AND DATE cametery, crematory or o		EO CREY	DATE 200. LC	SALTO	y or Town, Stata			
-	21. SIGNATURE OF FUNERAL SERVICE-LICENS	nuuv	,	22. NAME	ND ADDRESS OF F	AU C. BL	oun C	GRINUNIN FIN			
	23. PART i. Enter the diseases, or com	plications that cau	sed the death. Do	not entar tha m	ode of dying, au	ch ss cardiac or resp	eiratory srre	st, Approximate			
	ahock, or heart fallura. List	only one cause of	n aach iina.					interval Between Onset and Death			
J	disease or condition resulting in death)		AINE AND NAF		OXICATION						
N	Commentation that are distance to b.	DUE TO (DR AS A CONSEDUENCE OF):									
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR A	AS A CONSEDUENCE O	F):							
CERTIFICATION	CAUSE (Disesse or injury that initiated events	DUE TO (DR A	AS A CONSEDUENCE D	F):							
Ä	resulting in death) LAST										
	PART II. Other significant conditions co	ontributing to deat	h but not resulting	in the underlying	ig cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDICAL					1 VYES			COMPLETION OF CAUSE OF DEATH?			
. W	DID TOBACCO USE CONTRIB	LITE TO CALISE	OF DEATH YE	S [] NO [	UNCERTAI	1		1 TYES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE DF DEA			NU					
YSI	1XXES 2 □ ND	OSPITAL: Inpetient 2 XER/0	Outpetlant 3 - DOA	OTHER: 4 Nursing Ho	na 5 🗆 Residence	6 Other (Specify)					
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea FOUND: 1-7-	ir) INJ	URY W	JURY AT ORK? YES 2 XX ND	28d. DESCRIBE HOW I	INJURY OCCU	RED			
COMPLETED E	3 Suicide 6 Could not be determined	28a. PLACE DF INJU building, atc. (S		DWELLING	Pry, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 (1) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
吕	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my kr	nowledge, death occurre	ed at the time, dat	and place, and du	to the cause(s) and me					
Š Į								cause(a) and manner sa stated.			
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	NI			29c. LICENSE NU			SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	OEATH (ITEM 27) (Type)	rint)	O.C.M	. E	JA	N. 8,1995			
	THENDORE MI	KINE	111 Peni		et, Bal	timore, N	Maryl	and 21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI									
	JAN 1 0 555		- mediate								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Instruction that the confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. OR ATTENDAYS PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH		
	(') Hast	. KEESE			MONTH D		n 0 aa		
	4. SOCIAL SECURITY NUMBER 5.		. last birthday) IF UNC	DER 1 YEAR IF UNDER 24 HRS.					
		~~Gou	intry)						
	9e. FACILITY NAME (If not institution, give street	820 04 6662 10 M 2 M F 81 YRS. MONTHS DAYS HOURS MIN. JULY 24 1913 MAR							
œ	w · · /		, \/	TY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	22		
DIRECTOR	RESIDENCE OF DECEDENT BALLIMORE								
E	AN ANALYSIS OF THE PROPERTY OF								
E	MARYLAM BAL	TimoRE		1			10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	1'WOLKS	16	RKVILLS			1 YES 2 NO		
A		0		10f. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?		
FUNERAL	8318 BERYT	110AO		21331	+	L O	S.A.		
5	11. MARITAL STATUS 12	FORCES? 1 YES 2	ARMED 1	<ol> <li>WAS DECENDENT OF HISPAI if yes, specify Cuben, Mexico</li> </ol>		or No — 14. RA	CE — American Indien, ack, White, etc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Specif			ecify:		
						<u> </u>	211/40		
回	15. DECEDENT'S EDUCATI (Specify only highest grade con	iON 18e.	Give kind of work dor	e during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
ا ۳	.01/0-	College (1-4 or 5+)	life. Do NOT use retired	1.)					
₹	12 yrs.		HI H	ows					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)			
BE	Unkno	10V		U	nknow		10 5 505		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street end Number or Rural	Route Number, City or Tow	n, State, Zip Code)	abaa		
2	BRUCE HILL		300 EAS	TLOMBAR	CIENTY O	- BALT	M 200 m		
- 1	200. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF DISP	OSITION (Neme of	7 31121	CATION — City or	Town, State		
- 1	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemetery.	crematory or other place	19. 12 mas 2 7 d	195 B	111 5100	MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	2	2. NAME AND ADDRESS OF FA	CILITY	0720 HTP	1 IRIOVANO		
	100	χ	1	EVANS CHAPL	TOELITU	ORIZZ			
		d. and			FORD ROA	O-PAR	RKVALE		
	23. PART I. Enter the diseeses, pr comehock, pr heart feliure. List	piications that caused the	desth. Do not ent	er the mode of dying, suc	h aa cardisc or reap	ratory arreat,	Approximate		
	IMMEDIATE CAUSE (Final			10	m.		Interval Between Onset and Death		
	disease or condition Velegraic Heart Serve								
ł	resulting in death) a	DUE TO (OR AS A CON							
-							į l		
ō	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CON	SEQUENCE OF):						
¥	cause. Enter UNDERLYING								
표	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						
CERTIFICATION	resulting in deeth) LAST						34		
빙									
AL.	PART II. Other significent conditions c	ontributing to death but no	ot resulting in the	underlying cause given in	Part i. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
S	- When	min		2 0	1 YES 2		COMPLETION OF CAUSE		
Ē	Ranks	LOC CO	AMC	sen,			OF DEATH?		
	DID TOBACCO USE CONTRIB	LITE TO CAUSE OF D	FATH YES	NO UNCERTAIL		ĺ	. [] 120 2 [] 110		
₹ I	25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH (Chec		101				
PHYSICIAN: MEDIC		OSPITAL:  Inpatient 2 ER/Outpatient	отн	ER:					
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	ursing Home 5 - Residence					
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
ΒY	2 Accident Investigation	00- BI 405 OF INCHES		1 YES 2 NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, atc. (Specify)	t home, farm, street, to	ictory, office	281. LOCATION (Street of City or Town, State)	and Number or Rura	I Route Number,		
COMPLETED	Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge	, death occurred at the	time, data end place, end due	to the cause(s) and mai	nner ee stated.			
8	one) 2 MEDICAL EXAMINER: C	On the besis of examination and	/or investigation, in m	opinion, death occured at the	time, data end placa, an	d due to the cause	e(a) and manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0		29c_LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)		
BE	wan	~ Cioan		1000	300	> \	12 1905		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	TEM 27) (Tivon Print)	1/0		JAU	13, 170		
	DE 1-800 == F	2010:00		4005.00	) P	N	Maria		
	31. DATE FILED (Month Day Year)	32 REGISTRADICA COLUMNIA	8703	HARFURO 1	10AO 14	ムント・ファ	1 BKYLACO		
	JAN 1 8 1995 July	32 REGISTRAR'S GONTUP	5				,		
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NG PHYSICIAN: The law requires that the death certificate be executed within . Yours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and with the State Deut, or Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
CIAN	ertific the S	0r
3	0 _	-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH YEAR 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF CEATH Bertha Garotijne JAN. 08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthda IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 1 - M 2 KF MINNESOTA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN BALTIMORE CO KWI DIRECTOR LIMOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10b. COUNTY TOWN OR LOCATION TIMOR 1 YES 2 NO 3 LAURE 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? LAUREL 21236 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Newer Married 2 Married YES, GIVE WAR OR DATES BY 3 Widowed 4 Olvorced TE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) OMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Maiden WAL BE FORMANT'S NAME (Type/Print) 2 2/236 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (No 20c. LOCATION - City or To Burlal 2 Cremation 3 Ra DULANEY ALLEY MEM. COCKENSVICUE 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEL 22. NAME AND ADDRESS OF FACILITY VILLE m to the diseases, or complications that caused the de ock, or haart failure, Vist only one cause on each line s, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, **Approximate** interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition MCBILOUPSCILLON ACCIDENT munnie ZUKS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ATTYGUSCIKLOTIC Mascilon CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algolificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 MG 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO lent 2 ER/Outpatk 3 DOA rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME O 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Tourn, Street) 3 Sulcide COMPLETED 6 Could not be 4 Nomicide 1 SECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 🗍 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(a) and m 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year, BE 20390 0 PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Me

32. REGISTRAR'S SIGNATURE

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he law requires that the death certificate be executed within 24 h
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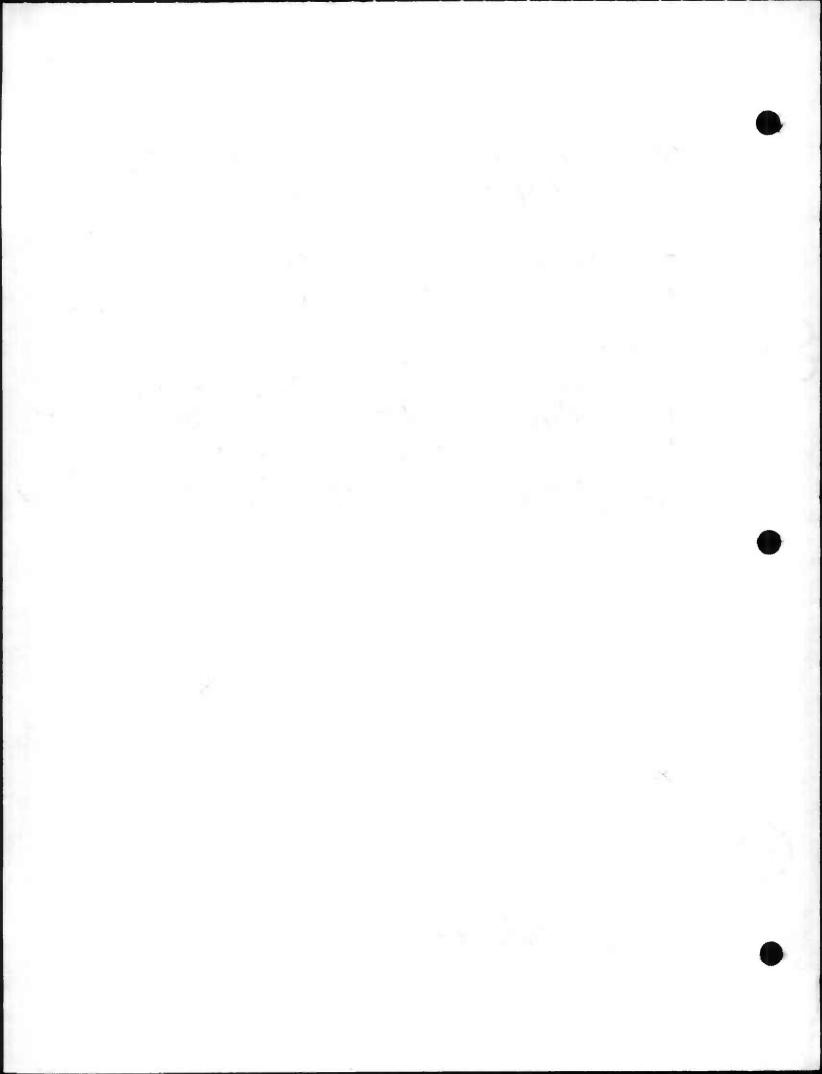
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EUGENID F VI 31. DATE FILED (MONTH, Day, Year) JAN 1 8 1995

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE CORP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or remoral.

				95	00988		
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROSA RICK'S			2. DATE OF DEATH DAY	YEAR 940 A M		
	4. SOCIAL SECURITY NUMBER 212-42-1538 So. FACHITY NAME, If not Institution, give to	5. SEX 6. AGE (In yrs. last	YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTIN	BIRTNPLACE (State or Foreign Country)		
DIRECTOR	RESIDENCE OF DECEDENT	2590 PAL	96. CITY, TOWN OR LOCATION OF	B 9c. COUN	TY OF DEATN		
	10a. STATE 10b. COUNT	r //	DATIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\)		
FUNERAL	7355 FURAM		RD/ 2123	25 10g. CITIZ	EN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1   YES 2 TH IF YES, GIVE WAR OR DATES	If yes, specify Cutters, Mexi 1 TYES 2 NO Spe	cen, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Segondary (0-12)	completed)	CEDENT'S USUAL OCCUPATION We find of work done during most of working Do NOT use releval.)	FOOD	STRY		
BE COI	17. FATHER'S NAME (First, Middle, Last)		14. MOTHER'S P	AME FIRE MICHE MAKEN SUTTABLE.	,		
10	18 GIVIA (2RI	11/65R	907 N. G. IMPR	1 Poute Number City or Rown, Stam. 2011	D, 21217		
	20s. METHOD OF DISPOSITION 1   Burlel 2   Cremetion 3   Removal from State 4   Donation 5   Option (Specify)   Donation   Day   Day   Donation   Day						
	21. SIGNATURE OF SPHERAL SERVICE LIK	ZHIGHT	22. HIMME AND ADDRESS OF	HUTTON PORCE 1	CONCTRI 30 12 to Days a		
	IMMEDIATE GAUSE (Final disease or condition resulting in death)	complications that caused the del List only one cause on each line.	ath. Do not enter the mode of dying, au	ich as cardiac or reapiratory afre	st, Approximate interval Between Onset and Death		
Z		DUE TO (OR AS A CONSEQUENCE OF):  PROBABLE ASPIRATION PNEUMONIA					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  OUE TO (OR AS A CONSEQUENCE OF):  URINARY TRACT INTECTION						
CERTIFI	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEO	DUENCE OF):				
MEDICAL C		a contributing to death but not re	eaulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEAT	TH YES INO IN UNCERTA	IN 🗆	1 THES 2 NO		
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. PLACE HOSPITAL: 1/8 Inpatient 2 - ER/Outpatient 3	E OF DEATH (Check only one)  OTHER: 4   Nursing Nome 5   Residence	8 ☐ Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	PRED		
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factory, office	281. LOCATION (Street end Number of City or Town, State)	r Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, dee R: On the beele of examination end/or in	ith occurred at the time, date end place, end durvestigation, in my opinion, death occured at the	e to the cause(e) and menner as stated e time, date end place, and due to the	l. ceuse(s) and menner ee stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER EVIENTO F VINES	1	29c. LICENSE NO		SIGNED (Month, Day, Year)		

AS Z44 1614 - 30 MD 1/13/95 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) MD 21225 3001 SOUTH HANDUER ST BALTIMORE, MD 32. REGISTRAR'S SIGNATURE



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

H SIDHU, 14/3 ANNIA POLIS

THIS STRUCTURE SERVATURE AND A POLIS

ROAD #106.

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP	ARTMEN	T OF H	EALTH AND DEATH	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Leet)  MARGUE RI	TE (NMI				DEATH		DAY 14, ]	YEAR	3. TIME OF DEATH
TOR	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthd	ay) IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 20, 1		8. BIRTHP Country)	PLACE (State or Foreign
	99. FACILITY NAME (If not institution, give street Pleasant Living Name of December 1				Y, TOWN C	ER		9c. COI	unty of DE	ATH
DIRECTOR	10a, STATE 10b, COUNTY	Arunde1		Annap		TON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 130 Hearne Road A			Annap	101	21401				HAT COUNTRY?
BY FUNI		12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2 NO	13	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ven, Puerto Rican, etc.)		14. RACE	- American Indian, White, etc.
	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	16a, DECEDEN (Give kind life, Do NO	IT'S USUAL ( of work done of use retired.	during mo	ON at of working	16b, KIND OF B	USINESS/IN	IDUSTRY	white
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	None	Packe	er		18. MOTHER'S N.	Elect			
BE	William St. Germa	in	105 MAN	ING ADDRES	28 /Street e	Aline F	Roussoe			
5	190. INFORMANT'S NAME (Typer/Print)  190. MAILING ADDRESS (Street end Number or Rural Route Number. City or Town, State, Zip Code)  Masako St. Germain  200. METHOD OF DISPOSITION  200. PLACE OF DISPOSITION (Name of cemetary, crematory or 200. LOCATION — City or Town, State									
	1 Spuriel 2 Cremetton 3 Remort 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		other place) Sacred H	leart	Ceme		N			Mass.
	Machael	1 3	Hiad	Si	ngle	ton Fune	eral Home	PA Burn	ie. M	d. 21061
-	23. PART I. Enter the disesses, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Gastro	Manual Ins.	o not ante	Cecl	ds of dying, suc	ch se cardiac or res	piratory s	rreat,	Approximate interval Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Ly Link CM  1 VES 2 NO  24a. WAS AN AUTOPSY FINDING ANALIDERY FINDING TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO							AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpatient 3 □ DC	OTHE	R:	ACE OF DEATH (C	theck only one)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		TIME OF INJURY M	28c. INJ WC		28d, DESCRIBE HOY	V INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	LJURY — At home, fa . (Specify)	rm, street, fa	ctory, offic	•	251. LOCATION (Street City or Town, Sta		er or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Chock only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER						es to the cause(e) and n			and manner as stated.
O BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	DHU 3	Della			29c. LICENSE NU				(Month, Day, Year)



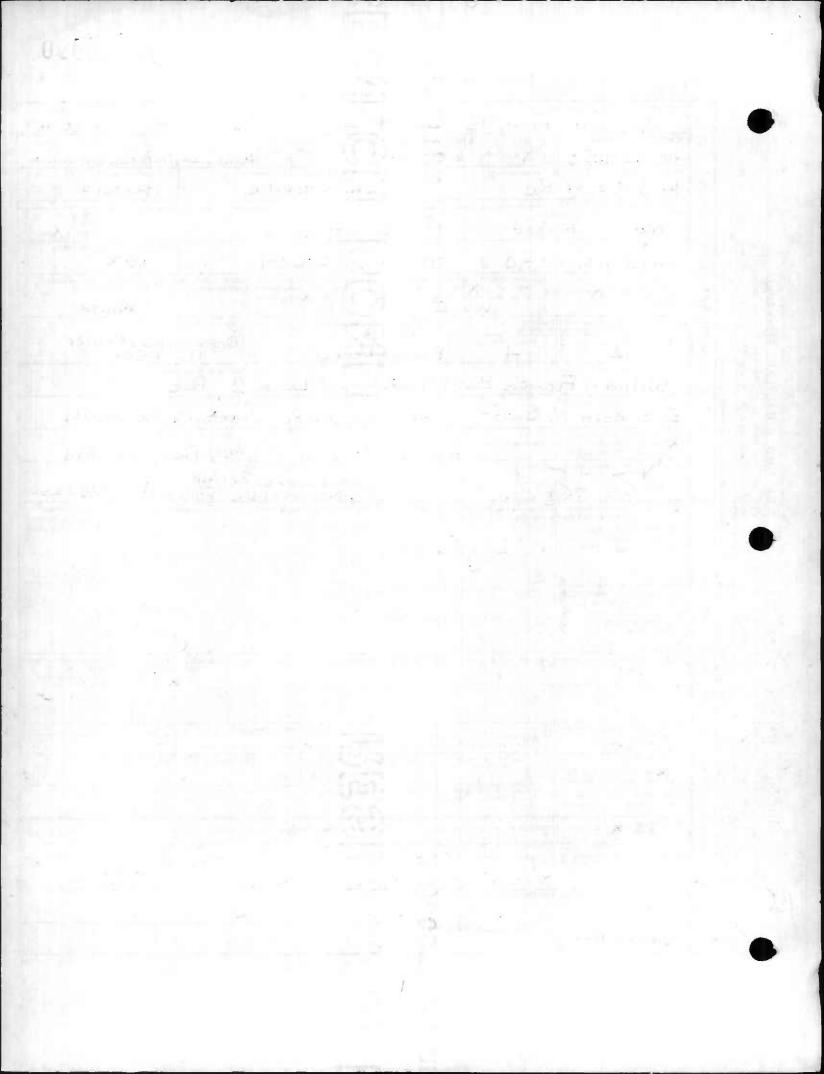
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BALTIMORE, MARYLAND 21215-0020	1. Page 6 may be retained by the hospital or attending physiciar
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

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The law requires that the death certificate be executed with	te has been signed by the attending physician and completely fi ste Dept. of Health and Mental Hygiene prior to burial, cremation	
CIAN: The law requires that the death certificate be executed with	ritificate has been signed by the attending physician and completely fi he State Dept. of Health and Mental Hygiene prior to burial, cremation	
HYSICIAN: The law requires that the death certificate be executed with	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
INING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely figerath with the State Dept. of Health and Mental Hygiene prior to burial, cremation	
673	JOR: After this certificate has been signed by the attending physician and completely fi after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	
673	DIRECTOR: After this certificate has been signed by the attending physician and completely fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	
AL DR ATTENDING	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	
673	R: After the	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	FRANCIS "	Swift,	JR.	2. DATE OF DEATH MONTH		3. TIME OF DEATN 4:20 A M
JR	4. SOCIAL SECURITY NUMBER 218-22-1153  99. FACILITY NAME (If not institution, give at 1415 KNOPP F	5. SEX 6. AGE (In 1 AGE and number)	yrs. last birthday) IF UND YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Ybar) APRIL 22 EATH	a BIRT	NPLACE (State or Foreign try) NDSYLVANIA DEATN
L DINECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Hay  10e. STREET AND NUMBER		10c. CITY, TOWN	-11 11			10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
BY FUNERAL	1415 KNOPF  11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN I	J.S. ARMED 10	21084  WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic		USF LOT NO 14. RAC	
בה פו	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade	FORCES? 1 V YES IF YES, GIVE WAR OR DATI  CATION  completed)	Sa. DECEDENT'S USUAL	1 YES 2 XNO Speci	ly:	Spec	
COMPLE	Elementary/Secondary (0-12)  2  17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	8 lack+ D	ecker	DISTRIE	SUTION C	enter
O BE C	19a. INFORMANT'S NAME (Type/Print)	ncis Swif		SS (Street and Number or Rural	C. Po	2	
	EIZABETH M  20a, METNOD OF DISPOSITION  1X Burlei 2 Gremetion 3 Remo		1415 KI			CATION - City of T	own, Steta
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	phylew M	emorial NAME AND ADDRESS OF FI VANS CHAPE 3 Newport	_ Bel AiR	LLSTON	Md 21050
	23. PART I. Enter the discess, or cahock, pr heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Elet only one cause of the cause of the cause of the cause on each of the cause on each of the cause of the c	the deeth. Do not sate th line.	er the mode of dying, suc	ch ss cerdiac or respi		Approximats interval Between Onset and Death
ENTINGATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
MEDICAL	PART II. Other algolificant condition	s contributing to death but	not resulting in the	inderlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1  YES 2 NO
THI SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 000	HOSPITAL: 1   Inpetiant 2   ER/Outpat	lent 3 DOA 4 N	26. PLACE OF DEATN (C	·		
DY PRI	27. MANNER DF DEATN  1 Natural 5 Pending 2 Accident Investigation	27. MANNER DF DEATN  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b.				If (Specify)  SCRIBE NOW INJURY OCCURED	
	3 Suicide 8 Could not be determined	28a, PLACE OF INJURY – building, atc. (Specify	- At home, farm, street, fa	ctory, offica	28f. LOCATION (Street and City or Town, State)	and Number or Rural	Route Number,
COMPLEIED		CIAN: To the best of my knowled R: On the basis of examination a					a) and manner as stated.
10 05	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIN	Carman Lu	M D O	29c. LICENSE NU 527 D432	MBER 223	Dan Jan	(Month, Day, Year)
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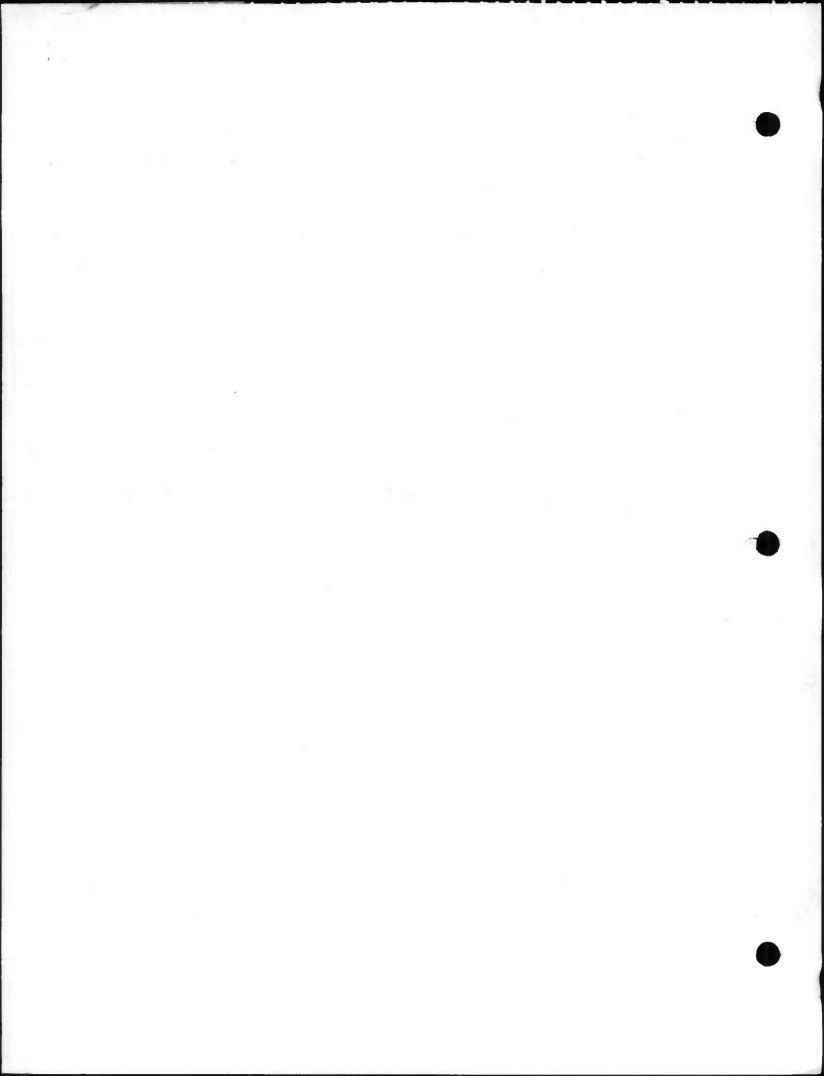


DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HISPURD TO THE FUNDED DE filed with

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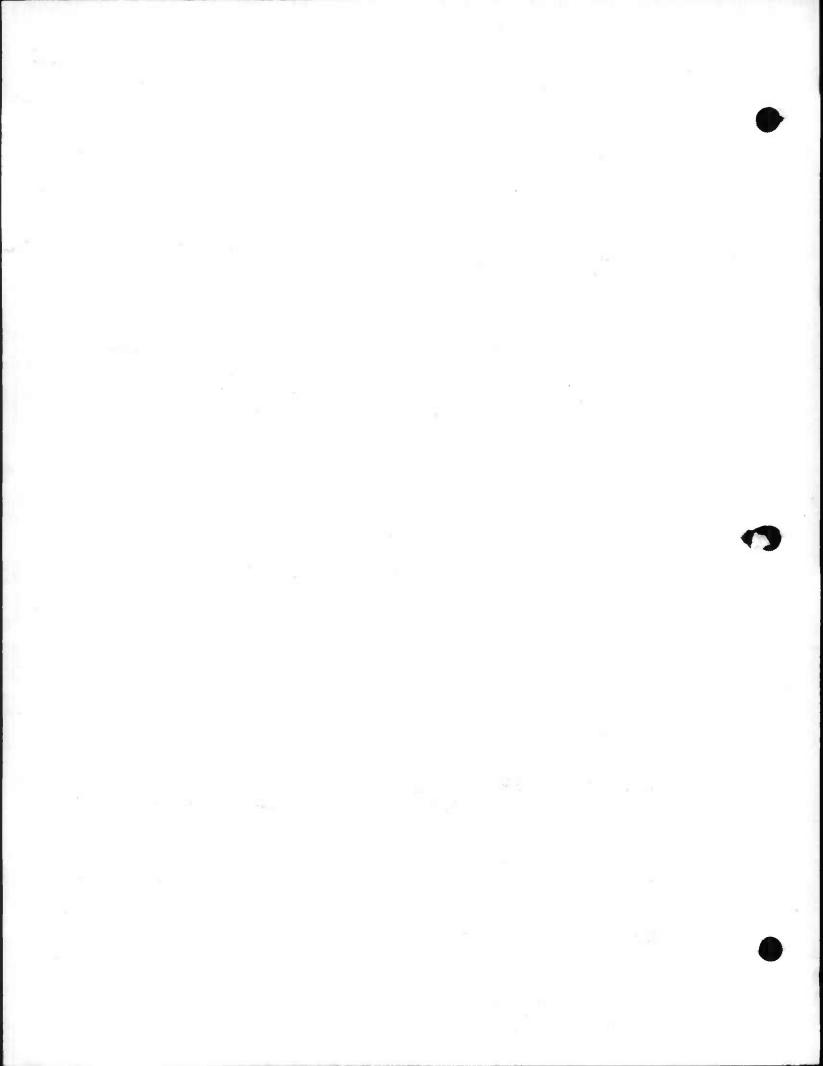
28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE CER	PARTMENT OF H		MENTAL HYGIEN		
1000	1. DECEDENT'S NAME (First, Middle, Layt)	ILTON SCH	HAEFER,	SR.	2. DATE OF DEATH MONTH	7, 199	3. TIME OF DEATH
	217-07-1933		YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1914 8	SALTO, MD,
TOR	9a. FACILITY NAME (If not institution, give street  2 JULIET LA  RESIDENCE OF DECEDENT	and number) APT. 301	PERR	Y HAL	EATH	BAL	TIMORE
DIRECTOR	MARYLAND BALT	imoré 10	PERRY	HALL			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER  2 JULIET LI  11. MARITAL STATUS  12.	4. APT. 301		2123	6	u.	S A
В	1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₩ YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	ecity Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc Specify: WITH TE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (Give ki	ENT'S USUAL OCCUPATION of work done during mo NOT use retired.)	ON st of working	16b. KIND OF BU		FORCEMENT
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES UNKN	YOWN SCHAET	ER	18. MOTHER'S NA	ME (First, Middle, Melder	Surname)	UNKNOWA
10	19a. INFORMANT'S NAME (Type/Print) LILLIAN ELEAN	OR SCHAEPER	2 Julie7	nd Number or Rural	PERRY	MALL State, Zip Code	mD.
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ramoval  4 Donation 5 Other (Specify)	from State cemetery cremete	DATE OF DISPOSITION (No.	CEM.	1-18 B	ALTO .	CITY, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	gair mooi	F77 58	10 Agoress of the	NERAL	SHA	PARKVILLE, MD
	23. PART Letter the diseases, or companies, or hear failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	pications that caused the death, only one cause on each line.  CAR CIN IM /- DUE TO (OR AS A CONSEQUER			has cerdiac or resp		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
AL CE	PART ii. Other significant conditions co	entributing to deeth but not resul	iting in the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	ANEMIA WEIGHT LOSS PERFORMED? 1 YES 2 NO OF I						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)						
YSIC		OSPITAL: Inpatient 2 ER/Oulpatient 3 C	OTHER: 4   Nursing Hom	Raeldenca	a Other (Specify)		
ву Рн	27. MANNER OF DEATH    Matural 5   Pending     Accident   Investigation	28a. DATE OF INJURY (Month, Day, Year)		URY AT RK? 'ES 2 NO	28d. DEŞCRIBE NOW	NJURY OCCURE	D
PLETED	2 Accident 3 Suicide a Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLE		: To the best of my knowledge, death on the bests of examination and/or invest					rse(s) and manner as stated.
TO BE C	296. SHOWATURE ARE TITLE OF CERTIFIER	enen By	man	29c. LICENSE NUN			NED (Month, Day, Year)
Ĭ	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 27)	7	PICA	e 81	00 HA	RETIRD ROL
	JAN 1 8 1995	32 REGISTRAR'S SUNATURE				7.7.	



		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		NTAL HYGIENI REG. NO.	Ε	
		1. DECEDENT'S NAME (First, Middle, Last) Broadus	Sawyer				DATE OF DEATH DA	"5 §	3. TIME OF DEATN
Pin		4. SOCIAL SECURITY NUMBER 238-22-8027	1 XM 2 - F			UNDER 24 HRS. 7. I DURS MIN. M	AY 4, 1	.921	RTHPLACE (State or Foreign ountry)  N C
1, 2, 3 should	стов	98. FACILITY NAME (# not institution, give st  GOOD Samarita  RESIDENCE OF DECEDENT		ľ	b. CITY, TOWN OR L	OCATION OF DEATH		BALT	
permit. Pages 1	DIREC	10e. STATE 10b. COUNTY			TO				10d. INSIDE CITY LIMITS? 12 XYES 2 NO
ışı	FUNERAL	100. STREET AND NUMBER 2502 MONTEBEL	LLO TERRA	CE	200 000	21214			OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 Y YES IF YES, GIVE WAR OR D	2 NO	If yes, specify	PENT OF HISPANIC O Cuban, Maxican, Pu NO Specify:	RIGIN? (Specify Yea arto Rican, etc.)	8	ACE — American Indian, Black, White, etc.
21 al or for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 TH	CATION completed)  College (1-4 or 5+)  5 T	18e. DECEDENT'S US (Give kind of wor. life. Do NOT use r PROFE	done during most of etired.)	' working	MORGA	C+s	
RYLAND 2  ed by the hospital  uld be detached to  ed at once.	l ut	17. FATHER'S NAME (First, Middle, Last)  DAULT SAWY)	ER .			LUCY	First, Middle, Malden S KELLUM	Sumame)	
RE, MARN may be retained b or, page 5 should I		19e. INFORMANT'S NAME (Type/Print) DR IVA JONES  20e. METNOD OF DISPOSITION	SAWYER		MONTEBE	Jumber or Rurel Route	RACE BA		MD 21214
BALTIMORE, after death. Page 6 may be y the funeral director, page noval. cal examiner must be		11 Burlet 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	TONEY" R'I	DGE CHU	DORESS OF FACILITY	219 <mark>5 PI</mark>	INNACL	E, N.C.
B/ In by the removal.	$\vdash$	23_PART I. Enter tha diseases, or c ahock, or heart fallura. I	complications that caused List only one cause on e	d the death. Do not		F/H-WA			SH AVE
emation, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO OR AS A	M-T CONSEQUENCE OF):					Onset and Death
.O. BOX 68' certificate be execute ding physician and ci tygiene prior to buria	TIFICATION	Sequentially list conditions, if any, iseding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CHF	A CONSEQUENCE OF):	nass su	y 82	+85		15t yn
CORD lires that the signed by the Health and M	MEDICAL CE	PART II. Other significant conditions	contributing to death b	out not resulting in	ha underlying ca	use given in Part	1. 24s. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL RE AN: The law requificate has been a State Dept. of law item 23 sho	SICIAL	DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO		26. PLACE OF DEATH	Check only one) THER:	Residence 8			
N OF IG PHYSICI ter this cer ath with the narked, o	ву РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY WORK? M 1 YES	AT 28d 2 NO	. DESCRIBE NOW IN		
DIVISIO OR ATTENDIN DIRECTOR: Aff hours after de	LETED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	offy)			LOCATION (Street ar City or Town, State)		al Route Number,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	COMPL		CIAN: To the best of my know R: On the bests of examination		n my opinion, death			I due to the cave	e(a) and manner as stated.
E E E E E E E E E E E E E E E E E E E	TO BE	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Pri	D	07/30	2	<b>&gt;</b> //	16/95
		LICHARD MAFFEZ  31. DATE FILED (MONTH, Day, Year)  JAN 191995	20LI, MD.		FAIRMOU	NT AVE.	TOWS	M, M	D. 21286
	الــــا	<del></del>	(/1	1	The second second				DUMAN 18 Day 1

DR. R. MAFFEZZOLI 515 FAIRMOUNT AVENUE SUITE 330 TOWSON, MD 21286



permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

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be notified at once 2

**Hust** 

the medical examiner

item 23 shows any Injury, or other traumatic event,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

TO BE COMPLETED

10 Accident

3 Suicide

4 Nomicide

28 is marked, or

hours II ilem

BALLIMORE, MANICAND 21213-0020	OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CRECION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nouns with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
THE COURT OF THE C	quires that the death certificate be executed within	CONSCINE After this certificate has been signed by the attending physician and completely filled in by the fill now a filler of the fill the filler of Health and Mental Hygiene prior to burial, cremation, or removal.
THE STATE OF THE S	OR ATTENDING PHYSICIAN: The law rec	DAEFICH: After this certificate has been nouns after death with the State Dept. of

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MELVIN STREET 95 440 01 10 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTNPLACE (State or Fort IF UNDER 24 HRS 1 M 2 - F YRS. 9b. CITY, TOWN OR LOCATION OF DEATN Baltiman 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-- American Indian, White, atc. 1 Never Married 2 🐿 If yes, specify Cuben, Maxican, Puerto Rican, etc.) Specify Black YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high METNOD OF DIS ACE AND DATE OF DISPOSITION 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART. Enter the presses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition Respirato reculting in death) QUE TO OR AS A CONSEQUENCE OF: Mm 5 Sequentielly list conditione, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in desth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? 1 TYES 2 NO

DID TOBACCO USE CONTRIBUTE TO CALISE OF DEATH VES TIME TO

AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

25. WAS CASE REFE

CO DSE COM	KIBUTE TO CAUSE OF DEATH	LE2   NO	UNCERTAIN
RRED TO MEDICAL	26. PLACE OF DE	ATH (Check only one)	
ÎNO.	HOSPITAL:	OTHER:	

1 | YES 2 X 27. MANNER OF DEATN 1 Natural

DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO

28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28d. DESCRIBE NOW INJURY OCCUREO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Blod Baltimore MD 21236

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one)

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER

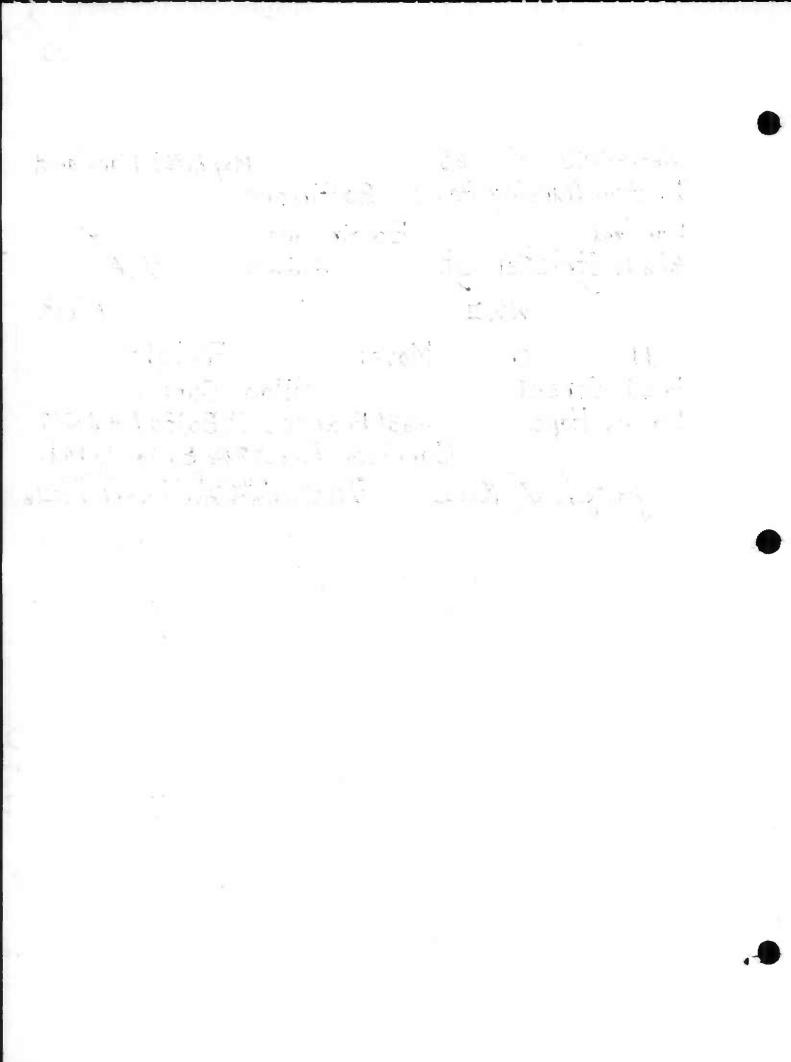
surmy

determined

29c. LICENSE NUMBER D26256 29d, DATE SIGNEO (Month, Day, Year)

30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DUONE, MO Washington 700

31. DATE FILEO (Month, Day, Year) 1 8 1995 32. RECHSTRAR'S SIGNATUR



PHYSICIAN: MEDICAL

BY

COMPLETED

BE

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Pages 1, 2, 3 should

permit.

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E/A	

TO THE HOSPING TELEMENT PROSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR Alter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be heligylith in the property of the property of the part of the property of the pro	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 300 /10/A 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS MIN. 1 M 2 F 09-039 YRS. 16 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MA allo YES 2 NO 10g. STREET AND NUMBER FUNERAL 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 630 U 218 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Blast 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high nddry (0-121) College (1-4 or 5+) LAUNDIESS 17. FATHER'S NAME\_(First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MOHON BE 19a; INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 9 wen 20a, METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of — City or wn. State DATE 20c LOCATION 4 ☐ Donation 5 ☐ Other (Specify) 2 arrell 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2. NAME AND APPRESS OF FACILITY Conhe 1 Locks 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. Liet only one ceuse on aech line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate

cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted eventa resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

EXAMINER?

4 Homicide

29b. SIGNATURE

1 YES 2 NO

malinant F. bapial DUE TO (OR AS A CONSEQUENCE OF):

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL

1 | Inpatient 2 | ER/Outpatient 3 | DOA

HOSPITAL:

UNCERTAIN | 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home Residence 8 | Other (

Specify)				
RIBE HOV	V IN ILIRY	OCCURE	n	

17

27. MANNER OF DEATH 1 Natural Accident Investigation 3 Suicide

8 Could not be

datermined

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO 281 LOCATION (Street and Number

1	City or		O MUMBO	U	House	
_						

24a. WAS AN AUTOPSY

PERFORMED? 1 TES 2 NO

. CERTIFIER	OF CERTIFICIAL BUNGLOIAN, T. AL. C. A. C.
(Check only	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and memor as stated.
one)	2 MEDICAL EVANINED, On the healt of average last a series of the series of the last at the series of

EXAMINED. Of the basis of exemination and/	investigation, in my opinion, death occured at the time, data and place	a, and due to the cause(a) and manner as stated.
AND TITLE ASSESSMEN		

	no	0449	44	D 1
NAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF DEATH (ITEM 27) Type	, Print)		
UNION Menoring	lot. azoH	BAltimore	MARY	LANC

イショウシ Menorini 1201 31. DATE FILED (Month, Day, Year) 22. REGISTRAR 8 1995

 STATE REGISTRAR

Pages 1, 2, 3 should

permit.

funeral director, page 5 should be detached for use as the burial-transit

retained by the hospital or attending physician,

death.

the death certificate be executed the attending physician and con 3 Mental Hygiene prior to burial,

signed by the Health and M

been s

has be Dept.

After th

DIRECTOR:

ATTENDING PHYSICIAN: The law

OR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

in by the ours after

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BALTIMORE, MARYLAND 21215-0020

Items: 23 part I.27 per MEO G-720 2/2/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH STEPHEN J. 09 SMILEY JAN 995 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS 1 M 2 - F 213-35-9968 year 's Jan. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1649 S. HANOVER ST Baltimore City. 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Balto.City, Md. 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1649 S. Hanover St. 21230 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES! 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 1 TES 2 NO B Specify: 15. DECEDENT'S EDUCATION

15. DECEDENT'S EDUCATION

15. DECEDENT'S EDUCATION

15. DECEDENT'S EDUCATION COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) None None None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Wright Denise K. Smiley BE Stephen notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Ms. Denise K. Smiley 1649 S. Hanover St. Balto. Md. 21230 pe 20s. METHOD OF DISPOSITION
1 St Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Hill Cedar Cemetery, 1/13 A.A.Co.Md. examiner 21. SIGNATURE OF/FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. McCully Funeral Home, 130 E. Fort A Ve medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory streat, shock, or hasrt failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** the disease or condition\_ CEREBRAL PALSY WITH COMPLICATIONS resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 ES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State C marked, or Item Item HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Home 5xF Residence 6 C Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Netural 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 28 4 Homicide H 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL TO THE FUNERAL DE FILE WITHIN 72 H (Check only one) 2 🙀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and manner as stated. MIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

160REIL WM

111

3. TIME OF DEATH

4:24A

10d. INSIDE CITY

1X YES 2 NO

White

21230

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

DF DEATH? 1 YES 2 NO

JAN 09, 1995

Penn Street, Baltimore, Maryland 21201.

COMPLETION OF CAUSE

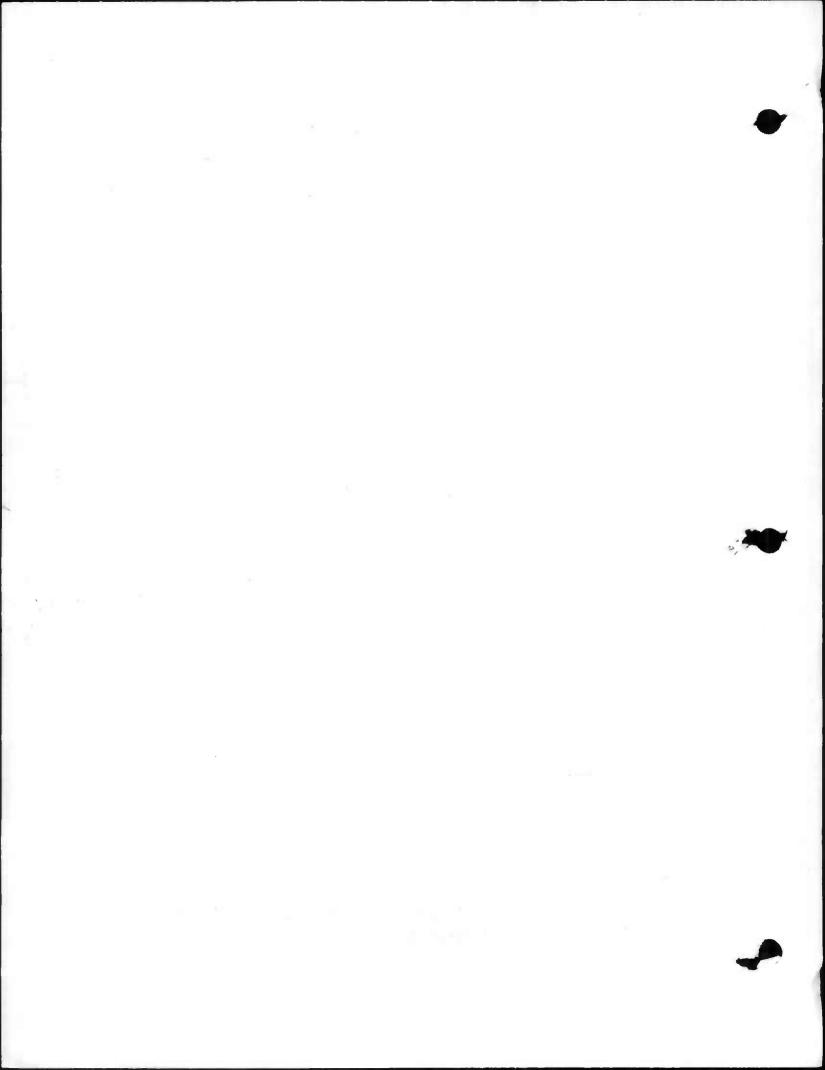
Approximate interval Between

**Onset and Death** 

8. BIRTHPLACE (State or Foreign

Maryland

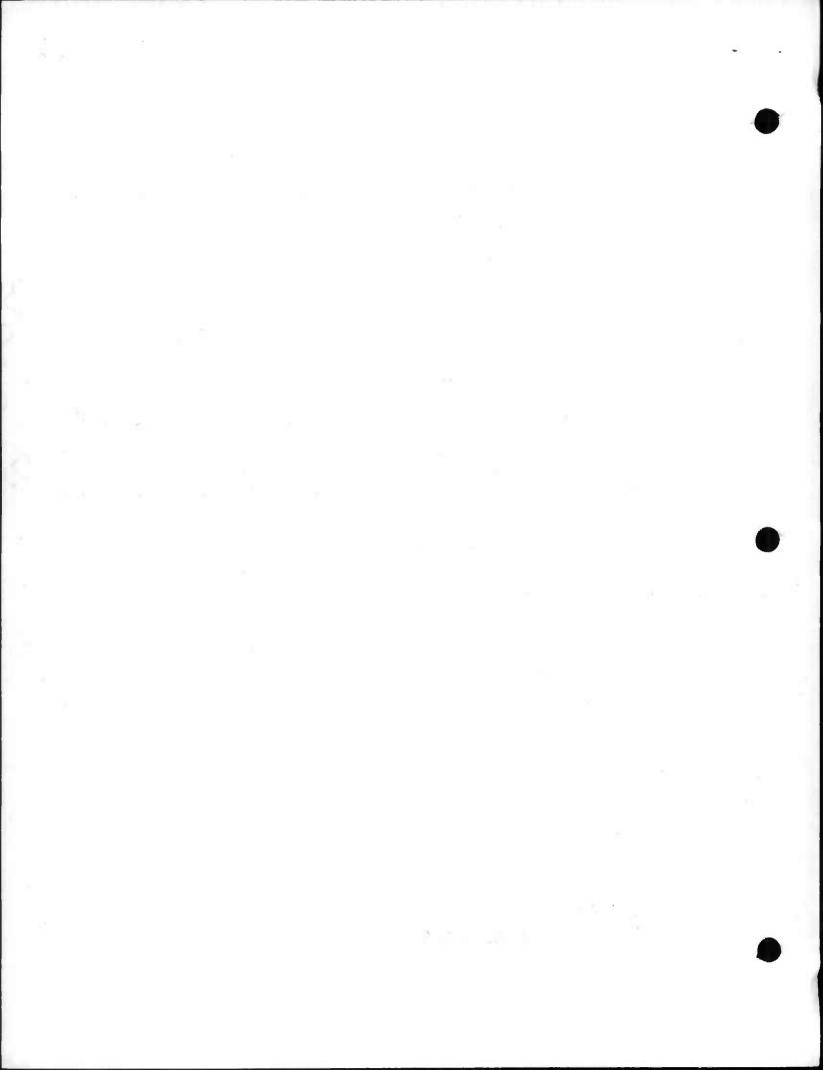
14. RACE — American Indian, Black, White, etc.



DIVISION OF VITAL RECORDS, P.O. BOX 68760

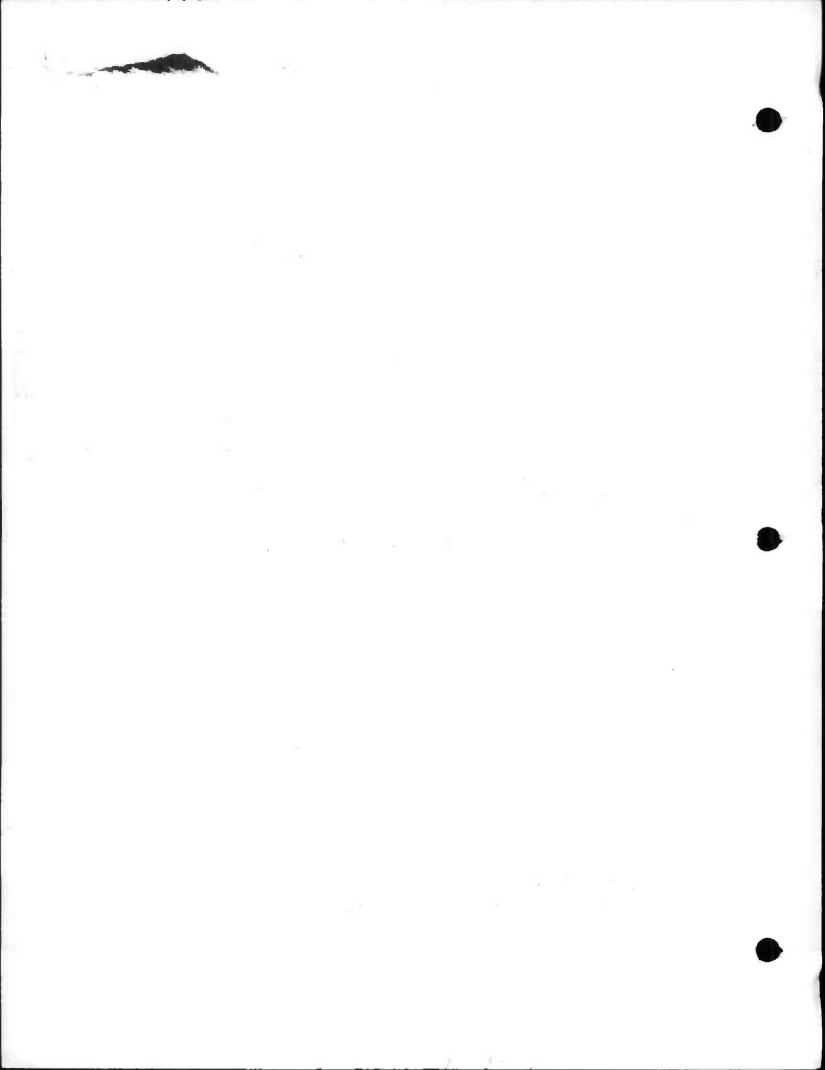
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.	VERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL (	TO THE FUNERAL D	be filed within 72 ho	IMPORTANT: It is

	1 - STATE OF MARYLAND / DEPARTM CERTIFICA  CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN	3. TIME OF DEATN			
- 1	Hazel E. Scherer		January 13	, 1995 6:51 A M			
		INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)			
	212-28-5078 1□ M 2 Ø F 87 YRS. MON	THE DAYS HOURS MIN.	Dec. 20, 19	907 Maryland			
·		CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF DEATN			
DIRECTOR	North Arundel Hospital Association	Glen Burnie	/	Anne Arundel			
9	10e. STATE 10b. COUNTY 10c. CITY, TO	WN OR LOCATION		10d, INSIDE CITY			
		en Burnie		1 YES 2 X NO			
FUNERAL	314 Second Avenue S.W.	101. ZIP CODE 21061		10g. CITIZEN OF WHAT COUNTRY?			
5	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED	13. WAS DECENDENT OF NISPAI		r No. 14, RACE — American Indian.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 VES 2 NO Specif		Black, White, atc.			
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USU,			Spocety White			
COMPLETED	(Specify only highest grade completed) (Ghe kind of worth	force disting most of conduct	Balto.	School System &			
2	Elementary/Secondary (0-12)   College (1-4 or 5+)   Retired State   Full State   Returned State   Russiness	chool Teacher Manager	A)	Beauty Salon			
훘	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Melden Su				
BE	Alfred Essery	Mary	Amanda	Benton			
2	196. INFORMANT'S NAME (Type/Print)  Mr. Howard Harold Scherer  314 Sec	RESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)			
	021 000	cond Ave., S.W					
		Sposition (Name of Cemetery 1/16		TION — City or Town, Stata			
	21. SI MATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker	22. NAME AND ADDRESS OF FA	/95   Balt	imore, Maryland			
1	No. III E. ECKET	MCCully Funer	al Home of	Brooklyn			
_	23. PART I. Enter the diseasea, or complications that caused the death. Do not e	237 E. Pataps	to Ave., bd	1to., Md. 21225			
l	artock, or neart failure. List only one cause on each line.	and motor of offing, and	in an outdied of respirat	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition						
i	reaulting in death)  a	Throad	anes?	montas			
z I	Converted to the contract of t						
HIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):  (any, leading to immediate cause. Enter UNDERLYING						
2	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
	resulting in death) LAST						
3	PART II. Other algorificent conditions contributing to death but not resulting in the						
<u>₹</u>	The state of the s	h .	PERFORME	EO? AMAILABLE PRIOR TO			
PHYSICIAN: MEDIC	Chile to the tong	. 0	1 - YES 2 K	or obtaining			
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	NO D WICERTAIN	COPAL VIII	1 TYES 2 NO			
Ž I	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (CF		10				
2	TOSPITAL:	HER: Nursing Nome 5 Residence	8 Other (Specify)				
£	27. MANNER OF DEATN  1 V Natural 8 Pending  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW INJU	URY OCCURED			
2	2 Accident Investigation	I TES 2 NO					
MPLEIED	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, building, etc. (Specily)	Inctory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,			
7	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at I	he time, data and place, and due	to the cause(s) and manne	y an elekal			
2	one) 2 MEOICAL EXAMINER: On the basis of axamination and/or investigation, in	my opinion, death occured at the	time, data and place, and d	fue to the cause(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		9d. DATE SIGNED (Month, Day, Year)			
	NO HARRY M	D Desc	000	Dan 13 1984			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)		-	0 17-11/3			
	Po-HsIu Hung, MD, 8357 Cherry Lane, La	urel MD 20707					
	31. DATE FILED (Month, Day, Year)		-				
	JAN 1 0 1333 JT						



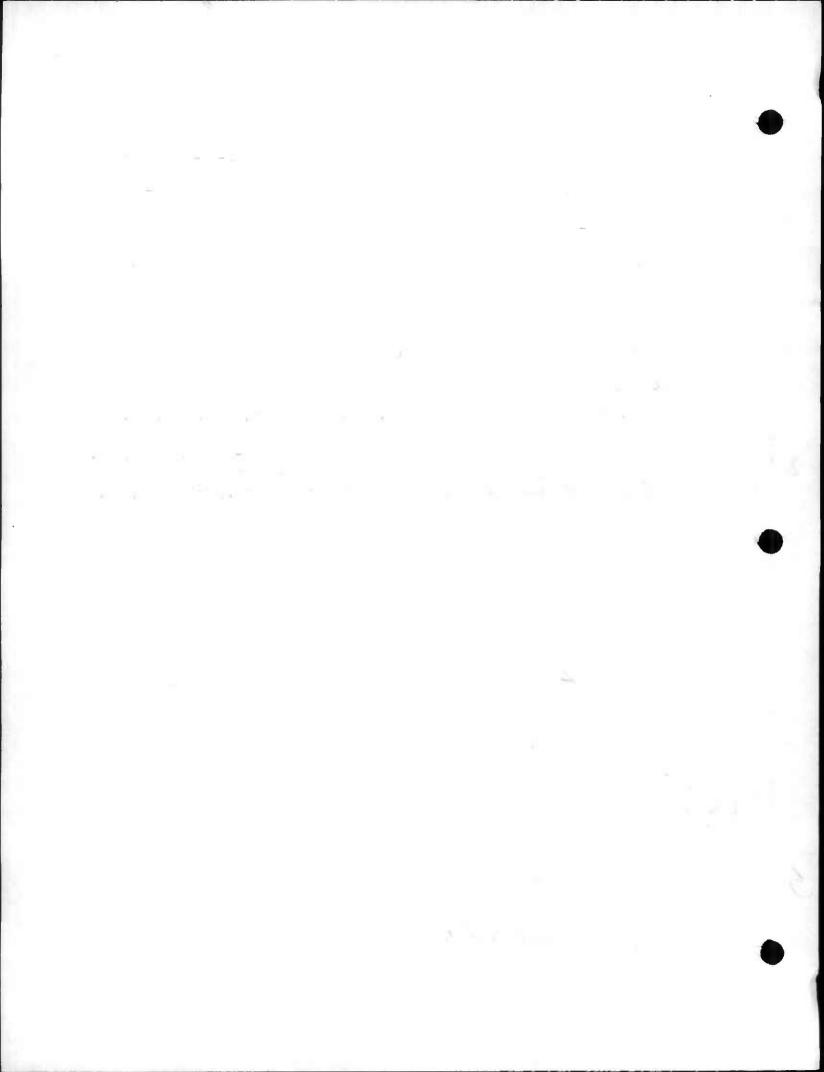
BALTIMORE, MARYLAND 21215-0020	SKCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.	
DWISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITH OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 ho	TO THE REMERY AMELIAN. After this certificate has been signed by the attending physician and completely filled in by the team of the completely filled in by the since the signed of the completely filled in by the size of t	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Benjamin H	. Spriggs				MONTH D	13 9	3: 1a M		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign		
	213-18-1069	1 🔀 M 2 🗆 F	71 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12 - /2 -		MD_		
		9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TO					9c. COUNTY			
DIRECTOR	V A MEDICAL CENT	<u>EK</u>		BALTII	TORE		Α.Λ.	00		
1	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	MD ANNE	ARUNDEL CO.			1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?		
	200 Berlin Ave			21225		U.S.A.				
5	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER	2 NO	13. WAS DEC	ENDENT OF HISPA ecify Cuban, Maxic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	- 1	RACE — American Indian, Black, White, atc.		
P.	3 💢 Widowed 4 🗆 Divorced	Feb 43 - De	C 43	TES 1 TYES 2 TNO Specify			,			
ב	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS				
_	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of won life. Do NOT use r	k done during mo etired.)	st of working					
COMPLE	6th		Welder			Steel	Indust	ry		
3	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)			
2	Russell Spriggs					a Peterson				
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	Lynn Spriggs 20a. METHOD OF DISPOSITION					more, Mary	-			
	1 Burial 2 Cremation 3 Π Raπ	noval from State 20	b. PLACE AND DATE OF I metery, cremetory of other YOWNSVIII 6	DISPOSITION (Ne	me of	1/19 Crownsville, Id				
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U		rownsy i i i e	DO MARKE AL	D 4000000 05 6	011 1711				
	71119	William C. Brown Community Funeral Home								
4	///	Durum						e, Md. 21217		
	23. PART i. Inter the diseases, or shock, or heart fellura.	List only one cause on a	d the death. Do not each iina.	enter the mo	de of dying, aud	ch as cerdiac or reapi	ratory arrest,	Approximata intervai Between		
-1	IMMEDIATE CAUSE (Fine)									
	disease or condition resulting in deeth) a. A deno carcinama of unknown primary 2 months									
.	OUE TO (OH AS A CONSEQUENCE OF):									
2	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
CALIDIA	if any, leading to immediate cause. Enter UNDERLYING C									
	thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
í	resulting in deeth) LAST									
ברי ברי	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED?  ANALABLE PRIOR TO									
	PERFORMED?									
	1 Tes 2 No Com									
- 1	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YES	□ NO 🖟	UNCERTAI	NI		1 YES 2 NO		
CIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)				*		
ź	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	5 Residence	6 Other (Specify)				
	27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 26c. INJ	JRY AT RK?	28d, DESCRIBE HOW II	NJURY OCCURE	0		
5	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO					
3	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, atre	et, factory, offic	•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
3			end/or investigation, i	in my opinion, d	eath occured at the	tima, date end piece, an				
4	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	10.50	29d. DATE SIG	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLER OF THE	ATH ATEN AT	(ma)	D35	363	- 1/	17/95		
	S MARCH	PILAA	C (C) A	Green	· C.	0 11	- A-	d 2		
	31. DATE FILED (MOSIT), 1995		ATORE .	Green	e st	Balton	re, 14	4. 2120/		
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ta				2. DATE O	F DEATH	195	AR 10=30Pm		
	21714 3040	1 SEX   6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)   1 M 2 K F   7/7 YRS.   MONTHS   DAYS   HOURS   MIN.   1							NHTHPLACE (State or Foreign country)		
TOR	99. FACILITY NAME (If not institution, give str Church Hospital RESIDENCE OF DECEDENT	eet end number)			timore C			9c. COUNTY	COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY Maryland -			TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 12 YES 2 NO		
FUNERAL	600 S. Robinson St	treet	eet 2122						OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married \$\times \text{Widowed} 4 \end{align*} Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes	DECENDENT OF HISP/ specify Cuban, Maxic (ES 2 NO Speci	an, Puerto Ric		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT		most of working			NESS/INDUST			
g d E	12		Office	Super				l Gove	rnment		
BE	Archibald Ewing				Mary Ma	-					
TO BI	John M. Sapeta		600 5	Robin	nson Stree	et, Ba	ltimor	ce, Md	. 21224		
	20e. METHOD QE DISPOSITION 1	val from State cer	Green Mount Cemetery			1-14	Balt	imore			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224										
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused this deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions  MA	contributing to deeth b	but not resulting in the underlying cause given in Part I.				24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH Y	ES NO	☐ UNCERTAI	N 🗆			(   1ES 2   NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA		ne)						
YSI	1 TYES 2 NO	1 K Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	ome 5 - Residence	6 Other (S	Specify)				
BY PH	27. MANNER OF DEATH  1   ↑ Natural 5 Pending  2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?					28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							irel Route Number,			
COMP	**Dec CERTIFIER (Check only one) 1 A CERTIFYING PHYSICI DEC ONE) 2 MEDICAL EXAMINER	IAN: To the best of my knowl : On the basis of examination	ledge, death occur n end/or investigati	red at the time, d	nte and place, end du	e to the cause time, data er	(e) and menn	er ee stated. due to the ceu	se(e) end menner es stated.		
BE.C	29b. SIONATURE AND TITLE OF CERTIFIER	rem no	0	<del></del>	29c, LICENSE NU	C. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  17 3 2 2   1/2/9					
2	30. NAME AND ADDRESS OF PERSON WHO	-	Print <sup>1</sup>	10019	2	_	- 1/	12/75			
		A RECOUTRANT BOOM						<del></del> -			



	1 - STATE OF MAR	CERTI	FICATE OF	DEATH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) ODESSA		SMIT		MONTH	OF DEATH	AY	YEAR 95	3. TIME OF DEATH	
	220-14-8993 1 1 M 2 🕱 T	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  69 YRS. MONTHS DAY'S HOURS MIN.  7. DATE OF BIR (Month, Day, 07-02)		Day, Yhar)	1925 Chester,		ster,			
TOR	96. FACILITY NAME (If not institution, give street end number)  740 POPLAR GROVE STREET  RESIDENCE OF DECEMENT	<u> </u>	BALTIMORE CITY				9c. COUNTY OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION  Baltimore				_	10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	740 Poplar Grove ST.		101. ZIP CODE <b>21216</b>					10g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	YES 2 NO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, atc.)  1  YES 2 NO Specify:				Vee or No— 14. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)				F BUSINESS/INDUSTRY			
MP	9th 17. FATHER'S NAME (First, Middle, Last)	Cust	odian			Public School System				
	Matthew Wilkes			16. MOTHER'S N			le, Meiden Surname)			
BE	190. INFORMANT'S NAME (Type/Print)	19h MAH IN	NO ADDRESS (Street				n Otata Zin	On Hall		
5	William Smith		2 Oak D							
	20e. METHOD OF DISPOSITION  Disposition   March   Marc	20b. PLACE AND DATE	E OF DISPOSITION (No	ame of	DATE	20c, LO	CATION - C	City or Tov	vn, State	
	4 Donation 6 Other (Specify) Woodlawn Cemetery 1/20/95 Woodlawn, Md  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
	Leroy O. Dyett & Son Funeral Home, In 4600 Liberty Hohts Ave. Balto. Md.									
IFICATION	22. PART I. Inter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory street, interval Between Onset and Desth Onset and Dest									
ITIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	AS A CONSEQUENCE	OF):	MANC	(250)	Notas	ula	Ø S	25	
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE	OF): OF):		n Part i.	24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL.	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	AS A CONSEQUENCE	OF): OF): In the underlyin	g cause given in	1 Part i.	24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death.  DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL	AS A CONSEQUENCE AS A CONSEQUENCE Of DEATH Y	OF):  OF):  In the underlyin  (ES \sum NO \sum  ATH (Check only one)	g cause given in	1 Part i.	24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deal  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XES 2 NO HOSPITAL: 1   Inpatient 2   ERAMINERY	AS A CONSEQUENCE of the but not resulting  E OF DEATH Y  26. PLACE OF DE  Outpetient 3 □ DOA	OF):  OF):  OF):  (ES \( \sum \) NO \( \sum \)  ATH (Check only one)  OTHER:  4 \( \sum \) Nursing Hom	g cause given in  UNCERTAI	Part i.	24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpattent 2 ERA  27. MANNER OF DEATH  1 Netural 5 Pending	AS A CONSEQUENCE of the but not resulting  E OF DEATH Y  26. PLACE OF DE  Outpatient 3 □ DOA  RY 26b. TI  26b. TI  26b. TI	OF):  OF):	g cause given in  UNCERTAL  PROPERTY OF THE PR	Part i.	24e. WAS AN PERFOR	AUTOPSY MED? NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpatient 2 ERAMINER OF DEATH  1 Natural 5 Pending Investigation	AS A CONSEQUENCE of the but not resulting  E OF DEATH Y  28. PLACE OF DE  Outpatient 3 □ DOA  RY  28b. Till  URY — At home, farm,	OF):  OF):	UNCERTAL  UNCERTAL  PROPERTY OF THE PROPERTY O	Part i.	24a. WAS AN PERFOF 1 UYES 2	AUTOPSY MED? NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AL.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deal d.  DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inputent 2 EAAMINER?  27. MANNER OF DEATH 28. DATE OF INJU (Month, Day, 16 Investigation 3 Sulcide 8 Could not ba determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my key cause of the ca	AS A CONSEQUENCE of the but not resulting the but not resulting the but not resulting to the but	OF):  OF):	UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  OF THE STATE OF T	6 Other 26d. DESC	24a. WAS AN PERFOR 1 YES 2 (Specify) RIBE HOW II TOWN, State)	AUTOPSY MED? NO NJURY OCC	URED  URED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to deal d.  DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	AS A CONSEQUENCE of the but not resulting the but not resulting the but not resulting to the but	OF):  OF):	UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  OF THE STATE OF THE	6 Other 26d. DESC 281. LOCAL City or	24a. WAS AN PERFOR 1 YES 2 (Specify) RIBE HOW II TOWN, State)	AUTOPSY MED? NO NJURY OCCI	URED  or Rural Ro d.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Duite Number, and manner se stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR A SEQUENTIALLY)  PART II. Other significent conditions contributing to deal  DID TOBACCO USE CONTRIBUTE TO CAUSE  PART II. Other significent conditions contributing to deal  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Sulcide 8 Could not ba determined  28e. PLACE OF INJU (Month, Day, 16 Determined)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examined	AS A CONSEQUENCE of the but not resulting the but not resulting the but not resulting to the but	OF):  OF):	UNCERTAL  DEPTH OF THE PROPERTY OF THE PROPERT	6 Other 26d. DESC 281 LOCATOR of the cause time, date a	24a. WAS AN PERFOR 1 YES 2 (Specify) RIBE HOW II TOWN, State)	AUTOPSY MED?  NO  NJURY OCCI  and Number of the due to the 29d. DATE	URED  OF Rural Ro  d.  couse(s)  SIGNED (	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dute Number, and manner se stated.  (Month, Day, Year)	
E COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR A SEQUENTIALLY)  PART II. Other significent conditions contributing to deal  DID TOBACCO USE CONTRIBUTE TO CAUSE  PART II. Other significent conditions contributing to deal  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Sulcide 8 Could not ba determined  28e. PLACE OF INJU (Month, Day, 16 Determined)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examined	AS A CONSEQUENCE of the but not resulting the but not resulting the but not resulting to the but	OF):  OF):	UNCERTAL  DE VERSION OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF T	Part i.  6 Other  26d. DESC  281. LOCAL City or  10 the cause time, date a	24a. WAS AN PERFOR	AUTOPSY MED?  NO  NJURY OCCI and Number of the did due to the 29d. DATE	URED  Pr Rural Ro  d.  couse(e)  SIGNED (	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Duite Number, and manner se stated.	

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHY
TO THE FUNEPAL CHECKET FROM
The FUNEFAL CHECKET FROM
THE PROPERTANT: If Home is In the THE

he death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	ling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make now in hind, remarking or removed.	ry, or other traumatic event, the medical examiner must be notified at once.
e be executed within	and	traumatic event,
the death certifical	y the attending physician of Mental Hyniene noor to	injury, or other
law requires that	is been signed b	23 shows any
HYSICIAN: The I	Contificate ha	ked or item 2
NDING F	Affect death	4

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL MAE	SCHMIDT				JANUARY 14,1995			EAD	E OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-05-9548	1 □ M 2 🖔 F 9		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	07-23-1897 MARY			BIRTHPLACE (	State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number)  107 FERNDALE ROAD  FERNI  RESIDENCE OF DECEMENT								COUNTY OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	100. 011, 10			NDALE			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	100. STREET AND NUMBER 107 FERNDALE RO	TREET AND NUMBER 7 FERNDALE ROAD			101. ZIP CODE 21061				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 THO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell If yes, specify Cuben, Mexican, Puerto Rican, atc.)  1 YES X XNO Specify:				e or No.— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)					16b.	INESS/INDUS	ESS/INDUSTRY			
DMF.	12 17. FATHER'S NAME (First, Middle, Last)	2 BOOKKEEPER			18. MOTHER'S NA			PORAT	ION		
	THOMAS EDWARD	GERMAN			ESTELL	5001	BLANC		URNS		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street a	nd Number or Rural						
2	LOUISE ETHEL LA	AYTON									
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1/10/65E) 20c. LOCATION CONTROL Tours										
	Surfect   2   Cremetton   3   Removal from State   Commetton, or other place   GLEN HAVEN   MEMORIAL PK   GLEN BURNIE, MD.   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITYSIN GLETON FUNERAL HOME										
Chaol C. Zallan GLEN BURNIE, M							RVI.A	V. ND 210	าศ	L HOME	
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that caused List only one cause on a	the death. Do not ach line.	anter the mo	de of dying, auc	h aa cardi	ac or reapli	atory arrest		pproximate tarval Between	
	IMMEDIATE CAUSE (Final disease or condition							noot and Death			
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
FICA	CAUSE (Disease or injury										
H	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									10	
	PART II. Other aignificant condition	contributing to death b	ut net mouteton (n	46		- · · · I					
A BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED?  1 YES 2 NO						MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ.	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DFATH YES	Пиоп	UNCERTAII				1 🗆 YE	S 2 → NO	
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH		OTTCERIAN	-					
Sic	1 TES 1 THO	HOSPITAL: 1 Inputient 2 In ER/Outp		THER:	5 Residence	6 Other	(Specify)				
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	OF 28c, INJU		28d. DES	CRIBE HOW IN	JURY OCCUR	ED		
台	2 Accident Investigation				ES 2 NO						
AU I	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							iber,			
COMPLET	20e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner es stated.										
- 11	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER				MED /Movin, E		
TO BE	Gonathy of	True 1	ny		D238	11		<b>&gt;</b> /	161	25	
F	Jona than Forman 407 Si Crain Slow Burnie and 2001										
	31. DATE FILED (Month, Day, Year)  1AN 1 8 1995	Talia Develor No	THOC .			-					

